

02211999-90010-047-\$150.00-\$150.00

000011

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000083132			
1. Corporation Name CARBANK AUTO, INC.			
Principal Place of Business 14622 PADDOCK DRIVE WELLINGTON FL 33414		Mailing Address 14622 PADDOCK DRIVE WELLINGTON FL 33414	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified 09/25/1998	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country
25	26	27	28
29		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NOLAND, GARY M 14622 PADDOCK DRIVE WELLINGTON FL 33414		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ DATE _____			
(NOTE: Registered Agent Signature required when re-registering)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	NOLAND, GARY M	12 NAME	
STREET ADDRESS	14622 PADDOCK DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33414	14 CITY-ST-ZIP	
TITLE	D ☒ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	NOLAND, KIM R	22 NAME	
STREET ADDRESS	14622 PADDOCK DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33414	24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary M. Noland

Date

793-1921

Daytime Phone #