

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90213 012 \*\*\*150.00

DOCUMENT # P98000106434

1. Corporation Name

IVEY'S REPAIR SHOP, INC.

Principal Place of Business

31800 PROGRESS RD  
LEESBURG FL 34748

Mailing Address

31800 PROGRESS RD  
LEESBURG FL 34748



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1998

4. FEI Number

59-354-16873

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Trust Fund Contribution

Added to Fees

7. This corporation owes the current year Intangible  
Personal Property Tax.

Yes  No

9. Name and Address of Current Registered Agent

IVEY, THOMAS J  
31800 PROGRESS RD  
LEESBURG FL 34748

81 Name Thomas J. Ivey  
82 Street Address (P.O. Box Number is Not Acceptable)  
31804 Progress Rd.

83

84 City Leesburg FL Zip Code 34748

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEDD, CLIFFORD M		1.2 NAME
STREET ADDRESS	5109 MORTIER AVE		1.3 STREET ADDRESS
CITY-ST-ZIP	ORLANDO FL 32812		1.4 CITY-ST-ZIP
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEDD, EMMAGENE		2.2 NAME
STREET ADDRESS	5109 MORTIER AVE		2.3 STREET ADDRESS
CITY-ST-ZIP	ORLANDO FL 32812		2.4 CITY-ST-ZIP
TITLE	PTD	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVEY, THOMAS J		3.2 NAME
STREET ADDRESS	1035 HIGHLAND ST		3.3 STREET ADDRESS
CITY-ST-ZIP	LADY LAKE FL 32159		3.4 CITY-ST-ZIP
TITLE	VD	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVEY, THOMAS		4.2 NAME
STREET ADDRESS	1035 HIGHLAND ST		4.3 STREET ADDRESS
CITY-ST-ZIP	LADY LAKE FL 32159		4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

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: *Homer S. Ivey* SIGNATURE: *Thomas J. Ivey* RECEIVED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-99

352-787-2938

Date

Daytime Phone #

CR2E034-1(1/98)