

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 16, 1999 8:00 am
Secretary of State

04-16-1999 90050 034 ***150.00

DOCUMENT # S02518

1. Corporation Name

MR. AUTO INSURANCE OF LANE AVE. INC.

Principal Place of Business

~~853 LANE AVE~~
~~JACKSONVILLE FL 32205~~

Mailing Address

~~853 LANE AVE~~
~~JACKSONVILLE FL 32205~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1990

4. FEI Number

59-3031930

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1306 Dunn Ave
Suite, Apt. #, etc.

26 1306 Dunn Ave
Suite, Apt. #, etc.

22
City & State
Jax, FL

27
City & State
Jax, FL

23
Zip Country
32218 Duval

28
Zip Country
32218 Duval

9. Name and Address of Current Registered Agent

MATHIS, GLENN G
853 S LANE AVE
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

81 Name

Mathis, Glenn G.

82 Street Address (P.O. Box Number is Not Acceptable)

1306 Dunn Ave.

83

84 City

Jacksonville FL

85 Zip Code

32218

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 607.0506, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **WEAVER, BEN**
STREET ADDRESS **853 LN AVE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **P** ☐ DELETE
NAME **MATHIS, GLENN G.**
STREET ADDRESS **853 S. LANE AVE.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Glenn G. Mathis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-13-99 **904 6966787**
Daytime Phone #

CR2E034 (1/98)