

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

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Apr 29, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **S19106**

1. Corporation Name
L-BOYS AUTO SERVICE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1530 CAPITAL CIRCLE S.W. #2 TALLAHASSEE FL 32310-9244		Mailing Address 1530 CAPITAL CIRCLE S.W. #2 TALLAHASSEE FL 32310-9244	
2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip Country	28 Zip Country		
24	25	29	30

3. Date Incorporated or Qualified 12/13/1990	Applied For
4. FEI Number 59-3039295	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LANGSTON, WILLIAM H., JR. 1530 CAPITAL CIRCLE S.W. #2 TALLAHASSEE FL 32310-9244				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		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	PST	1.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LANGSTON, WILLIAM H JR	1.2 NAME			
STREET ADDRESS	1530 CAPITAL CIR, SW STE 2	1.3 STREET ADDRESS	1530 Capital Circle S.W. Ste. 2		
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP			
TITLE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2.4 CITY-ST-ZIP			
TITLE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE		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		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: *[Signature]* DATE: **4/15/99** TIME: **850-576-8907**

CR2E034 (1/98)