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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90059 012 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # S33648

1. Corporation Name
DANNY'S AUTO ALLEY, INC.



Principal Place of Business

Mailing Address

~~5510 S RIDGEWOOD AVE~~
~~PORT ORANGE FL 32127~~
~~US~~

~~5510 S RIDGEWOOD AVE~~
~~PORT ORANGE FL 32127~~
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1991

4. FEI Number

59-3059459

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 **4655 Spruce Creek Rd**

26 **4655 Spruce Creek Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Port Orange**

27

City & State

City & State

23 **FL**

28 **Port Orange**

Zip

Zip

24 **32127**

29 **FL 32124**

Country

Country

9. Name and Address of Current Registered Agent
WATTS, DANIEL
~~5510 S RIDGEWOOD AVE~~
~~PORT ORANGE FL 32127~~

81 Name

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

4655 Spruce Creek Rd

83

84 City

Port Orange

FL

85 Zip Code

32127

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

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 **PD** ☐ DELETE
NAME **WATTS, DANIEL**
STREET ADDRESS ~~5510 S RIDGEWOOD AVE~~
CITY-ST-ZIP ~~PORT ORANGE FL 32127~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS **4655 Spruce Creek Rd**
1.4 CITY-ST-ZIP **Port Orange FL 32127** ☐ Change ☐ Addition

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/99 904 756 1971

CR2E034 (1/1/98)