## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT #

1. Corporation Name

S39593

TIPPETT AUTO SALES, INC.

## FILED Sep 15, 1999 8:00 am Secretary of State

09-15-1999 90009 008 \*\*\*550.00

Principal Place		Mailing Address		- 41		
BRADENTON FL 34207 BRADENTON FL 34207						0.004.05
US US					DO NOT WRITE IN THI  3. Date Incorporated or Qualified	S SPACE
					03/19/1991	
2 Principal P	Place of Business	2a, Mailing Address			4. FEI Number	Applied For
21	<del>-</del> 7				65-0247380	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	1			\$8.75 Additional
22	27				5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 мау Ве
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	у	8. This corporation owes the current year	
24	25	29	30		Intangible Personal Property.	Yes X No
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registered	1 Agent
TIDI	PETT, DOUGLAS F.		"	Name		
1901 CORTEZ ROAD WEST			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
BRADENTON FL 34207			83	1		
j	ADEMICIT IE 04207		0,	<b>'</b>		
			84	City	Fi	85 Zip Code
44 - Diversional	the the manifolder of anotions 607.050	2 and 607 1509 Elorida Statut	or the above	named corns		
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 ager	it and title if applicable. (N	OTE: Registered	Agent signature req	ured when reinstating) DATE	
12.		D DIRECTORS -	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	DELETÉ 1.1 TIT				Change Addition
NAME	TIPPETT, DOUGLAS F.		1.2 NAME			è
STREET ADDRESS			1.3 STREE	TADDRESS		7
CITY-ST-ZfP	BRADENTON FL		1.4 CITY-S	T-ZiP		
TITLE	DS					Change Addition
NAME .	THI LIT, DOMES 6.		2.2 NAME			
STREET ADDRESS	3333 (			TADDRESS		
CITY-ST-ZIP			2.4 CITY-S 3.1 TITLE	T-ZIP		
TITLE	DT LEAHY, DARCY TIPPETT	DELETE	3.2 NAME			Change Addition
NAME STREET ADDRESS	1408 43 AVE DR W			T ADDRESS		
	PALMETTO FL		3.4 CITY-S		,	
CITY-ST-ZIP TITLE	TACHETTOTE	DELETE	4 1 TITLE	17-211		Change Addition
NAME		La DELETE	4.2 NAME			onunge /toutien
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP			4.4 CITY-S			
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			· —
STREET ADDRESS			5.3 STREE	TADDRESS		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME		·	
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY-ST-ZIP			6.4 CITY-S			
14. I hereby ce	ertify that the information supplied with	this filing does not qualify for t	the exemption	n stated in sec	tion 119.07(3)(i), Florida Statutes. I further certify shall have the same legal effect as if made und	that the information er oath: that I am

I. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(1). 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 organ attachment with an address.

SIGNATURE:

September 1

941-23-272