

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
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90147 046 ***150.00

0495242

DOCUMENT # S43940

1. Corporation Name

TECHNI-CAR SOUTH, INC.



Principal Place of Business
5688 WASHINGTON STREET
HOLLYWOOD FL 33020
US

Mailing Address
450 COMMERCE BLVD
OLDSMAR FL 34677
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1991

4. FEI Number

59-3058497

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

GASSMAN, ALAN S.
1212 COURT STREET
SUITE B
CLEARWATER FL

10. Name and Address of New Registered Agent

81 Name

Alan Gonzalez

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

1603 W. Sligh Ave # 300

83

84 City

Tampa

FL

85 Zip Code

33604

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

Alan Gonzalez
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/99

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE
NAME WALSH, ROBERT S.
STREET ADDRESS 450 COMMERCE BLVD
CITY-ST-ZIP OLDSMAR FL

TITLE TD ☐ DELETE
NAME MILLER, RICHARD T.
STREET ADDRESS 450 COMMERCE BLVD
CITY-ST-ZIP OLDSMAR FL

TITLE VD ☐ DELETE
NAME KOWNACKI, JAMES
STREET ADDRESS 450 COMMERCE BLVD
CITY-ST-ZIP OLDSMAR FL

TITLE PD ☐ DELETE
NAME DUFFY, JIM
STREET ADDRESS 450 COMMERCE BLVD
CITY-ST-ZIP OLDSMAR FL

TITLE VPD ☐ DELETE
NAME ZUK, DARRYL
STREET ADDRESS 450 COMMERCE BLVD
CITY-ST-ZIP OLDSMAR FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/99

CR2E034 (11/98)