

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  
**1999**



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

DOCUMENT # **S89516** ✓

1. Corporation Name

**JERRY'S MOBILE AUTO REPAIR, INC.**

Principal Place of Business

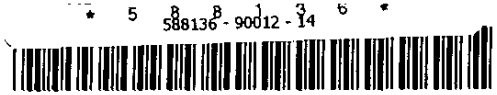
**9287 BELVEDERE STREET  
SPRING HILL FL 34608**

Mailing Address

**9287 BELVEDERE STREET  
SPRING HILL FL 34608**

**FILED**  
**Jul 14, 1999 8:00 am**  
**Secretary of State**

07-14-1999 90012 014 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/24/1991**

4. FEI Number

**59-3088211**

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. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAROTTA, JERRY  
9287 BELVEDERE ST  
SUITE 112  
SPRING HILL FL 34608**

81 Name  
**MAROTTA, JERRY J.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**9287 BELVEDERE STREET**

83

84 City  
**SPRING HILL**

**FL**

85 Zip Code  
**34608**

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.

**06/30/99**

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 **PTD** ☐ DELETE  
NAME **MAROTTA, JERRY J.**  
STREET ADDRESS **9287 BELVEDERE STREET**  
CITY-ST-ZIP **SPRING HILL FL**

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

TITLE **STD** ☐ DELETE  
NAME **MAROTTA, VALERIE P.**  
STREET ADDRESS **9287 BELVEDERE STREET**  
CITY-ST-ZIP **SPRING HILL FL**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

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

**JERRY J. MAROTTA 06/30/99**

Date

Daytime Phone #

CR2E034 (5/99)

01053390

588136 90012-74  
\$89512

JERRY'S MOBILE AUTO REPAIR, INC.  
9287 BELVEDERE STREET  
SPRING HILL, FLORIDA 34608

JUNE 30, 1999

DIVISION OF CORPORATIONS  
ANNUAL REPORTS FILINGS  
POST OFFICE BOX 1500  
TALLAHASSEE, FLORIDA 32302-1500

RE: 1999 PROFIT CORPORATION ANNUAL REPORT

DEAR SIR OR MADAM:

I JUST RECEIVED MY 1999 PROFIT CORPORATION ANNUAL REPORT  
PACKET, INDICATING IT IS A "SECOND NOTICE".

I APOLOGIZE FOR NEGLECTING TO SEND IN THE FIRST NOTICE, BUT  
I SINCERELY DO NOT RECALL RECEIVING IT. IN PREVIOUS YEARS, I'VE  
FILED MY ANNUAL REPORTS TIMELY, AND, WITHOUT HAVING RECEIVED THE  
FORM AS A REMINDER, IT WAS A COMPLETE OVERSIGHT ON MY PART.

PLEASE ACCEPT MY "SECOND NOTICE" ANNUAL REPORT WITH THE  
\$150.00 FILING FEE. I CANNOT AFFORD THE \$550.00 LATE FILING FEE.  
I AM A SMALL BUSINESS OWNER STRUGGLING TO PAY MY BILLS.

YOUR UNDERSTANDING IN THIS MATTER WOULD BE TRULY  
APPRECIATED.

SINCERELY,

JERRY J. MAROTTA