

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S95905** (3)

1. Corporation Name
LUCKY AUTO SALES, INC.



Principal Place of Business
**1501 HWY 92 W
AUBURDALE FL 33823**

Mailing Address
**1501 HWY 92 W
AUBURDALE FL 33823**

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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
11/21/1991

3a. Date of Last Report
06/12/1995

4. FEI Number
59-3107921

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**STOYKA, THOMAS
1501 HWY 92 W
AUBURDALE FL 33823**

81 Name

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

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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 of the president or principal officer of the corporation

(Not to be signed by the registered agent unless he is also a director)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME ☐ DELETE

**POT
STOYKA, THOMAS
124 LOWELL RD
WINTER HAVEN FL**

12.2 NAME ☐ DELETE

**VDS
STOYKA, CHARLES
124 LOWELL RD
WINTER HAVEN FL**

12.3 NAME ☐ DELETE

12.4 NAME ☐ DELETE

12.5 NAME ☐ DELETE

12.6 NAME ☐ DELETE

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12.19 NAME ☐ DELETE

12.20 NAME ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-ST-ZIP

13.5 CITY-ST-ZIP

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13.20 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Thomas Stoyka
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96 941 965-1198
Date Daytime Phone #

CR2E034 (12/95)