Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90084 040 \*\*\*150.00



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # V02826

1. Corporation Name

ARMSTRONG'S PERFORMANCE AUTOMOTIVE, INC.

Principal Place of Business		Mailing Address				JOSEL BILOR BOIL		4	() B)D)( B(B() B	(hit filli töll
300 W THIRD STREET SANFORD FL 32771		300 W THIRD ST SANFORD FL 32771			DC	NOT WOITE	: IN THIS 9	SPACE		
US		U\$	US		3 Date	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
					1	1/1992	,			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI N				Ap	plied For
21	ides of Desirious	26			59-3	100827			No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					Desired		\$8.75 A	dditional
22		27	7		5. Certii	cate of Status			Fee Re	quired
City & State	te ·	City & State			6. Electi	on Campaign	Financing	Ġ.	\$5.00	,
23		28				Fund Contrib	ition		Added to	
Zip	Country	Zip	Country	у	<b>I</b>	corporation ov				aid ⊠No
24	25	1	30			nal Property and Addres				PRINO
	9. Name and Address of Curr	ent Registered Agent	81	Name	10. Name	and Addres	S OT NEW ICE	gistereu A	Genr	
ADM	ISTRONG DAVID P		0							
ARMSTRONG, DAVID B. 300 W THIRD ST		82		2 Street	Address (P.O. Bo	tress (P.O. Box Number is Not Acceptable)				
	W THIRD ST FORD FL 32771		83			· -				
SAIN	FUND FE 32// I	•	0.	1						
			84	4 City				EI	85 Zip (	Code
		500 4 507 4500 Ft-11- Chapter		10 000000	accounting subm	ita this states	ant for the n	Urnose of o	handing its	registered
l office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta	te of Florida. Such change was au	s, the abov thorized by	ve-nameu	oration's board of	directors. I h	ereby accept	the appoin	tment as re	gistered
				у ше согрс						
agent. I a	m familiar with, and accept the obli	igations of, Section 607.0505, Flori	da Statute	y ine corpo s.						
agent. I a	im familiar with, and accept the obli	gations of, Section 607.0505, Flori	da Statute	s. 						
agent. I a	im familiar with, and accept the obli	gations of, Section 607.0505, Flori	Registered Age	s. 	equired when reinstatin	3)		DATE		
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agent. I al SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS  VSD  ARMSTRONG, KAREN L  745 OLD GENEVA RD	gations of, Section 607.0505, Flori agent and title if applicable. (NOTE: F AND DIRECTORS	Registered Age  13.  1.1 TITLE  1.2 NAME  1.3 STREE	s.  ent signature n  ET ADDRESS	ADDIT PTD Armstrong 745 Old	ons/chance David	GES TO OFFI	DATE ICERS ANI	D DIRECTO	PRS IN 12
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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.

CITY-ST-ZIP

6.4 CITY-ST-ZIP