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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V20393

SOUTHGATE AUTO, INC.

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90132 006 ***150.00



Principal Place	of Business	Mailing Address		T 10011 DITALE HEN ENDE HAND AND THE PROPERTY	ii) Pieti Aieli ninii dinii dii	LEI MIMIT IMMS
5485 YAHL ST.		490 WILSON BLVD., S.W.				
NAPLES FL 3394		NAPLES FL 33964		DO NOT WEITE	NI THIC COACE	
US		us		DO NOT WRITE I	N THIS SPACE	
				3. Date Incorporated or Qualifed		- (
				03/05/1992		Rad For
2. Principal Pla	aliana 👝 ii	2a. Mailing Address	A <	4. FEI Number	· - 1 · · ·	Applicable
21 5485	YAHL STREET	26 490 WILSON	DOMO 2	65-0315503	\$8.75 A	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Req	
22		City P. State				
City & State	~	City & State 28 NAPLES, FL	or oa	6. Election Campaign Financing Trust Fund Contribution	35.00 M Added to	
	S, FLOPIDA Country	Zip Zip	Country	8. This corporation owes the current		/
Zip 3410		29 34117 3	¬ ı.e.∧	Personal Property Tax.	year intangiole ☐ Yes [™ No
24 5410	9. Name and Address of Curre		<u> </u>	10. Name and Address of New Regi	stered Agent	
	3. Hans and Address of Garre	in Hadiatalan Halin	81 Name		<u> </u>	
HAZEI	LL, JOHN T			HAZELL, JOHN 1	,	
	VILSON BLVD. S.		82 Street Add	ress (P.O. Box Number is Not Acceptable))	1
	ES FL 33984 3-4117		83			
	•		84 City		FL 85 Zip C	ode
44 D	the manufactors of Spetiens 507 051	02 and 607 1609 Florida Statutes	the above-pamed corr	poration submits this statement for the purp	pose of changing its r	egistered
11. Pursuant to	distered agent or both in the State	e of Florida. Such change was auth	nonzed by the corporati	ion's board of directors. I hereby accept th	e appointment as reg	istered
office or red						
office or reg agent. I am	familiar with, and accept the obliga	ations of, Section 607.0505, Florid	a Statutes.			Į
agent. I am SIGNATURE	n familiar with, and accept the obliga	ations of, Section 607.0505, Florid	a Statutes.		DATE	
agent. I am SIGNATURE	n familiar with, and accept the obligation is a second of the obligation of the obli	ent and title if applicable. (NOTE: Re	a Statutes. egistered Agent signature require	red when reinstating)	DATE ERS AND DIRECTOR	
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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.

4-14-99

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