FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90122 035 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V26962**

1. Corporation Name

Principal Place of Business

CITY-ST-ZIP

SIGNATURE:

WALT'S ANT AUTO ELECTRIC, INC.

533 N BEACH ST DAYTONA BEACH FL 32114 US 533 N BEACH ST DAYTONA BEACH FL 32114 US US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
					04/07/1992					
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	L	Applied			
21		26			59-3117328			plicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 Additional Fee Required			
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip 24	Country Zip Cou 25 29 30				8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No					
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
			81	Name				ļ		
BEDDARD, WALTER L. 3657 FRANCIS STREET			82	Street Add	dress (P.O. Box Number is Not Acceptable)					
PORT	ORANGE FL 32119		83							
			84	City		FL 85	Zip Code	e		
office or re agent. I as	egistered agent, or both, in the State n familiar with, and accept the obliga	of Florida. Such change was autitions of, Section 607.0505, Florid	norized by la Statutes	the corpora	rporation submits this statement for the purpo tion's board of directors. I hereby accept the a	арронинен	as registe	ered		
	Signature, typed or printed name of registered ager			nt signature requi	ired when reinstating) DA		CCTORC	0142		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	CS AND DIRE		Addition		
TITLE	P	☐ DELETE	1.1 TITLE				måe [
NAME	BEDDARD, WALTER L.		1.2 NAME	ĺ				}		
STREET ADDRESS	3657 FRANCIS ST.		1.3 STREE	TADDRESS				Ì		
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NAME			2.2 NAME					\		
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NAME			6.2 NAME					ļ		
STREET ADDRESS				T ADDRESS				ļ		
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14. I hereby certify that the information supplied with this filling 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 pmpowered.