

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 # V34267

1. Corporation Name

PAGE'S AUTO SERVICE, INC.

Principal Place of Business

Mailing Address

152 GEORGIA AVE
TAVERNIER FL 33070
US

7725 SW 144TH ST
MIAMI FL 33158

FILED

99 NOV 19 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 99

3. Date Incorporated or Qualified

05/07/1992

4. FEI Number

85-0344714

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 ☐

9. Name and Address of Current Registered Agent

BLUM, SAMUEL SPENCER
2666 TIGERTAIL AVE.
STE. 106
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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.

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

TITLE ☐ DELETE

NAME PAGE, PAUL A

STREET ADDRESS 115 PUEBLO ST

CITY-ST-ZIP TAVERNIER FL

TITLE ☐ DELETE

NAME MURPHY, DANIEL P

STREET ADDRESS 7725 SW 144TH ST

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME MURPHY, CAROL P

STREET ADDRESS 7725 SW 144TH ST

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME PAGE, NANCY

STREET ADDRESS 115 PUEBLO ST

CITY-ST-ZIP TAVERNIER FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 900003058969--2

1.4 CITY-ST-ZIP -12/02/99--01059--004

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/99

Daytime Phone #

CR2E034 (5/99)