

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 # **V68124** ✓

1. Corporation Name
VALUE MOTORS, INC.

Principal Place of Business

6119 N. PALAFOX ST.
PENSACOLA FL 32503
US

Mailing Address

6119 N. PALAFOX ST.
PENSACOLA FL 32503
US

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90018 008 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1992

4. FEI Number

59-3144440

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

2. Principal Place of Business

21

2a. Mailing Address

26

1110 W. Nine Mile Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Pensacola FL

Zip

Country

24

25

Zip

Country

29

32530

30

Escambia

9. Name and Address of Current Registered Agent

LORREN, LONNIE D
98 E. GARDEN ST.
STE A
PENSACOLA FL 32501

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	D	<input type="checkbox"/> DELETE
NAME	MANGRUM, JOE	
STREET ADDRESS	6119 N. PALAFOX STREET	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANGRUM, SARA	
STREET ADDRESS	6119 N. PALAFOX STREET	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1130 W. Nine Mile Rd
1.4 CITY-ST-ZIP	Pensacola FL 32534
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1130 W. Nine Mile Rd.
2.4 CITY-ST-ZIP	Pensacola FL 32534
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

0113807

CR2E034 (5/99)

768124
597766-90018-8

July 1, 1999

Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee FL 32302-1500

To Whom It May Concern:

I spoke with your office this morning and was advised to re-file the form and send another filing fee check.

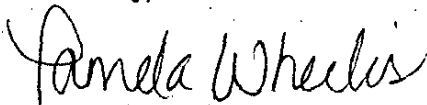
I was also advised to ask you to waive any late fees applicable as I had sent the original report in a timely fashion. I was told that I would receive a refund for \$150.00 (the duplicate filing fee) as soon as the error was discovered and corrected.

I have enclosed a copy of the original report and you will note that I mailed it on 4/6/99 along with check # 5559. As of this morning, that check had not cleared the bank.

If you have any questions or concerns, please call 850-476-9112.

Thank you for your attention to this matter.

Sincerely,



Pamela Wheelis
Office Manager