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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K24741**

1. Corporation Name

A-1 DETAILING, INC.

FILED
Mar 16, 1999 8:00 am
Secretary of State
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03-16-1999 90043 008 ***150.00

Principal Place	e of Business	Mailir	ng Address						
C/O JAMES S.	NAFZINGER	C/O J	JAMES S. NAFZINGER	}					
3040 GULF TO BAY BLVD SUITE 200-A 3040 GULF TO BAY BLVD SUIT					A-00		DO NOT WRITE IN A	UC CDACE	
CLEARWATER FL 34619 CLEARWATER FL 34619							DO NOT WRITE IN 1F 3. Date Incorporated or Qualifed	IS SPACE	
							05/23/1988		
A Britainal B	lace of Business	2a M	lailing Address			_	4. FEI Number	- Ar	plied For
	lace or pusitiess	⊢ ¬	IBINING Address				59-2919719	 - - 	ot Applicable
Suite, Apt.	# otc	26	uite, Apt. #, etc					\$8.75	
	#, G IC	27	and, ripit in all				5. Certificate of Status Desired	Fee Re	,
City & State	e		City & State				6. Election Campaign Financing	\$5.00	May Be
23		28	,				Trust Fund Contribution	Added 1	
Zip	Country Zip			Cour	ntry		8 This corporation owes the current year	Intangible	
24				30			Personal Property Tax.	Yes	X No
	9. Name and Address of Curr		red Agent	·			10. Name and Address of New Registere	d Agent	
					81	Name			ŀ
	ZINGER, JAMES S.				82	Stroot Addre	ess (P.O. Box Number is Not Acceptable)		
	ZINGER ASSOCIATES, INC.				02	Sileet Addit	ess (P.O. Box Number is not acceptable)		
) GULF TO BAY BLVD., SUITE	200-A		1	83				
CLEA	ARWATER FL 34619							0F 7:0	Code
					84	City	F	L 85 Zip (Dode
office or r	egistered agent, or both, in the Sta	ite of Florida.	Such change was a	uthorized	by 1	tne corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its pointment as re	registered gistered
agent. I a	m familiar with, and accept the obli	igations of, S	ection 607.0505, Flo	rida Statu	ites.				
SIGNATURE			The second second	<u></u>	A	t signature required	s when reinstating) OATE		
	Signature, typed or printed name of registered a	AND DIRECT		13.	superii	signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12
12.	D	AND BINES	☐ DELETE	1 1 111	LE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	Addition
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STREET ADDRESS	18515 DEASON DR			u		ADDRESS			
CITY-ST-ZIP	SPRING HILL FL			0		.712 1			
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas M. Millo.

3-14-99

727-433-252

Daytime Phone #

CR2E034 (11/98