

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 20 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F45332 (6)**  
1. Corporation Name  
**DREW'S AUTOMOTIVE INC.**

Principal Place of Business      Mailing Address  
**% RANDAL R DREW  
6413 SANTA MONICA DR.  
TAMPA FL 33615**      **% RANDAL R DREW  
6413 SANTA MONICA DR.  
TAMPA FL 33615**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**09/21/1981**      **03/07/1994**

4. FEI Number      Applied For  
**59-2122177**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Election Campaign Financing       **\$5.00 May Be Added to Fees**  
Trust Fund Contribution

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address

21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.

22 City & State      27 City & State

23 Zip      Country      28 Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent

**DREW, RANDAL R  
6413 SANTA MONICA DR.  
TAMPA FL 33615**

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      (NOTE: Registered Agent signature required when reinstating)      DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DREW, RANDAL R</b>	1.2 NAME	
STREET ADDRESS	<b>6413 SANTA MONICA DR.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>STD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DREW, ANNE L</b>	2.2 NAME	
STREET ADDRESS	<b>6413 SANTA MONICA DR.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VP</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STASKO, SEBASTAIN</b>	3.2 NAME	<b>SIASKO, SEBASTIAN</b>
STREET ADDRESS	<b>749 DEBBIE CIRCLE</b>	3.3 STREET ADDRESS	<b>1704 OverPar Dr.</b>
CITY - ST - ZIP	<b>TAMPA FL</b>	3.4 CITY - ST - ZIP	<b>TAMPA, FL 33612</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Randal R Drew*      Anne L. Drew      4-17-95      813-886-0309  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #