

**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 MAY -1 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000023500 (0)**

1. Corporation Name

**MECHANICS PLUS INC.**

**CROSSMAN'S ULTRA CAR CARE, INC.**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/26/1993** 3a. Date of Last Report **04/14/1994**

4. FEI Number **59-3173815** 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

**21 2425 SNOW HILL ROAD**

Suite, Apt. #, etc.

**22 City & State**

**23 CHULUOTAN, FL**

**24 32766**

Country

2a. Mailing Address

**26 2425 SNOW HILL ROAD**

Suite, Apt. #, etc.

**27 City & State**

**28 CHULUOTA, FL**

**29 32766**

Country

9. Name and Address of Current Registered Agent

**CROSSMAN, CYNTHIA  
2425 SNOW HILL ROAD  
CHULUOTA FL 32766**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

**TITLE V**  
**NAME CROSSMAN, CYNTHIA**  
**STREET ADDRESS 2425 SNOW HILL ROAD**  
**CITY- ST- ZIP CHULUOTA FL 32766**

**TITLE P**  
**NAME CROSSMAN, STEPHEN**  
**STREET ADDRESS 2425 SNOW HILL ROAD**  
**CITY- ST- ZIP CHULUOTA FL 32766**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**

**TITLE**  
**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**  
**1.4 CITY- ST- ZIP**  
**500001494385**  
**-05/19/95--01032--004**  
**\*\*\*\*200.00 \*\*\*\*200.00**

**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 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)(b), 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:**

*Cynthia Crossman*  
**Cynthia Crossman**  
VICE PRES

**4/29/95 (407) 365-2642**