

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 8:33

DOCUMENT # P93000078260 (5)

1. Corporation Name

THE BETTER BODY SHOP & USED CAR FACTORY, INC.

Principal Place of Business

501 AIRPORT ROAD SOUTH
NAPLES FL 33941

Mailing Address

501 AIRPORT ROAD SOUTH
NAPLES FL 33941

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/08/1993

3a. Date of Last Report

07/25/1994

4. FEI Number

65-0450634

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LIEBIG, WOLFGANG
501 AIRPORT RD., SOUTH
NAPLES FL 33942

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LIEBIG, THOMAS
STREET ADDRESS 254 GULF SHORE BLVD. SOUTH
CITY - ST - ZIP NAPLES FL 33940

TITLE VD
NAME LIEBIG, WOLFGANG
STREET ADDRESS 1301 SPYGLASS LANE
CITY - ST - ZIP NAPLES FL 33940

TITLE TD
NAME DOMINICK, LINDA S
STREET ADDRESS 259 QUAIL FOREST BLVD.
CITY - ST - ZIP NAPLES FL 33940

TITLE SD
NAME KROUT, HAROLD E JR.
STREET ADDRESS 521 31ST STREET SW
CITY - ST - ZIP NAPLES FL 33940

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TD ☒ Change ☐ Addition
A. DAVID RODRIQUEZ
1849 MARAVILLA AV., APT A-11
FT. MYERS, FL 33901

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 190.07(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:

Harold E. Krout, Jr.

HAROLD E. KROUT, JR., SECRETARY 813-643-5006

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Title

Expiring 1/1/96