

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

**APPROVED
AND
FILED**

95 APR 21 PH. 2: 06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000077702 (6)

1. Corporation Name

60 AUTO REPAIR & LUBE, INC.

Principal Place of Business

Mailing Address

**12238 STATE ROAD 80
FT MYERS FL 33905**

**12238 STATE ROAD 80
FT MYERS FL 33905**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

10/21/1984

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

65-0535145

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional
Fees Required**

City & State

City & State

6. Election Campaign Financing

**\$5.00 May Be
Added to Fees**

Trust Fund Contribution

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under §. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BEASLEY, GENE
12238 STATE ROAD 80
FT MYERS FL 33905**

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 fee if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **BEASLEY, GENE K**
STREET ADDRESS **1718 S.E. 8TH ST.**
CITY-ST-ZIP **CAPE CORAL FL 33990**

1 1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

Change Addition

TITLE **D**
NAME **BEASLEY, RUTH A**
STREET ADDRESS **1718 S.E. 8TH ST.**
CITY-ST-ZIP **CAPE CORAL FL 33990**

2 1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3 1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4 1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5 1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6 1 TITLE
62 NAME
63 STREET ADDRESS
64 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 119.07(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:

Ruth A. Beasley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUTH A. BEASLEY

**813 -
4-18-95 694-9880**
Date Daytime Phone #