

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000021176 (9)

1. Corporation Name

**SHELEY AND SONS AUTOMOTIVE REPAIR, INC.**



Principal Place of Business: 1134 PONCE DE LEON BOULEVARD BROOKSVILLE FL 34601  
Mailing Address: 1134 PONCE DE LEON BOULEVARD BROOKSVILLE FL 34601

3. Date incorporated or Quashed: 03/13/1995  
3a. Date of Last Report  
4. FEI Number: 59-3309326  
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  
2a. Mailing Address: 26  
22. Suite, Apt #, etc.: 27  
23. City & State: 28  
24. Zip: 25 Country: 29 Country: 30

9. Name and Address of Current Registered Agent

STEEL, LAURENCE A ESQ.  
13907 NORTH DALE MABRY HIGHWAY  
SUITE 206  
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name: Charles L. Sheley, Sr.  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 1134 Ponce De Leon Blvd.  
84 City: Brooksville FL 85 Zip Code: 34601

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: *Charles L. Sheley Sr.*

DATE: 8-8-96

12. OFFICERS AND DIRECTORS	
TITLE: P	<input type="checkbox"/> DELETE
NAME: SHELEY, CHARLES L. Sr.	
STREET ADDRESS: 1134 PONCE DE LEON BOULEVARD	
CITY-STATE-ZIP: BROOKSVILLE FL 34601	
TITLE: <input type="checkbox"/> DELETE	
NAME:	
STREET ADDRESS:	
CITY-STATE-ZIP:	
TITLE: <input type="checkbox"/> DELETE	
NAME:	
STREET ADDRESS:	
CITY-STATE-ZIP:	
TITLE: <input type="checkbox"/> DELETE	
NAME:	
STREET ADDRESS:	
CITY-STATE-ZIP:	
TITLE: <input type="checkbox"/> DELETE	
NAME:	
STREET ADDRESS:	
CITY-STATE-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME:	
1.3 STREET ADDRESS:	
1.4 CITY-STATE-ZIP:	
2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME:	
2.3 STREET ADDRESS:	
2.4 CITY-STATE-ZIP:	
3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-STATE-ZIP:	
4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-STATE-ZIP:	
5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-STATE-ZIP:	
6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-STATE-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 119.07(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: *Charles L. Sheley Sr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-96 352-796-8085  
DATE: 2-8-96 DISTRICT FILE #

CR2E034 (12/95)