SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
- SECRETARY OF STATE
- DIVISION OF CORPORATIONS
95 JUN 16 AM 11:18

DOCUMENT # **S71771** **(7)**

1. Corporation Name
FONTANA AUTO SERVICE, INC.

Principal Place of Business
605 W LANTANA RD
LANTANA FL 33462

Mailing Address
605 W LANTANA RD
LANTANA FL 33462

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/05/1991**
3a. Date of Last Report: **07/25/1994**

2. Principal Place of Business
21 **5930 NEWPORT VILLAGE WY**
Suite, Apt. #, etc. 22
City & State 23 **LAKE WORTH FL**
Zip 24 **33463** Country 25 **PB**

2a. Mailing Address
26 **SAME**
Suite, Apt. #, etc. 27
City & State 28 **SAME**
Zip 29 **SAME** Country 30 **SAME**

4. FEI Number: **65-0279354** ☐ 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

9. Name and Address of Current Registered Agent

FONTANA, SALVATORE R.
605 W LANTANA RD
LANTANA FL 33462

10. Name and Address of New Registered Agent

01 Name: **FONTANA SALVATORE R.**
02 Street Address (P.O. Box Number is Not Acceptable): **5930 Newport Village Way**
03
04 City: **LAKE WORTH** **FL** 05 Zip Code: **33463**

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: **S. Fontana** 6-12-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	FONTANA, SALVATORE R.	12 NAME	
STREET ADDRESS	1787 BELL LN	13 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	14 CITY-ST-ZIP	
TITLE	DVS	21 TITLE	☐ Change ☐ Addition
NAME	FONTANA, HAZEL M.	22 NAME	
STREET ADDRESS	1787 BELL LN	23 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	FONTANA, HAZEL M.	32 NAME	
STREET ADDRESS	1787 BELL LN	33 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	FONTANA, MICHAEL R.	42 NAME	
STREET ADDRESS	11890 ISLAND LAKES CIR	43 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(i), 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: **S. Fontana** **SAL FONTANA** **6-12-95** **407 964 5730**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0005300 CP