

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98485

**Entity Name:** AUTO CLINIC OF FT. PIERCE, INC.

**Current Principal Place of Business:**

3349 SOUTH U.S. #1  
FORT PIERCE, FL 34982-6605

**Current Mailing Address:**

3349 SOUTH U.S. #1  
FORT PIERCE, FL 34982-6605

**FEI Number:** 59-2306129

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

THOMAS.DEBRA  
89 PINEWOOD LANE  
FORT PIERCE, FL 34947 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name THOMAS, DEBRA  
Address 89 PINEWOOD LANE  
City-State-Zip: FORT PIERCE FL 34947

Title NON VOTING OFFICER  
Name THOMAS, KYLE  
Address 3349 SOUTH U.S. #1  
City-State-Zip: FORT PIERCE FL 34982-6605

Title NON VOTING OFFICER  
Name THOMAS II, TODD E  
Address 3349 SO U S HWY #1  
City-State-Zip: FT PIERCE FL 34982

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DEBRA S THOMAS

**OWNER**

**03/16/2016**

Electronic Signature of Signing Officer/Director Detail

Date