

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000155979

**Entity Name:** MUFFLER MASTERS OF FLORIDA, INC.

**Current Principal Place of Business:**

2020 N. 9TH AVE.  
PENSACOLA, FL 32503

**Current Mailing Address:**

2020 N. 9TH AVE.  
PENSACOLA, FL 32503

**FEI Number:** 20-0523866

**Certificate of Status Desired:** No

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

ARMENTROUT, JOHN R  
2020 N. 9TH AVE.  
PENSACOLA, FL 32503 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           | D                  | Title           | D                  |
| Name            | ARMENTROUT, JOHN R | Name            | ARMENTROUT, MARY   |
| Address         | 2060 SCENIC HWY.   | Address         | 2060 SCENIC HWY.   |
| City-State-Zip: | PENSACOLA FL 32503 | City-State-Zip: | PENSACOLA FL 32503 |

*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:** MARY ARMENTROUT

**SECRETARY**

**02/25/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date