

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 # **253155** (6)

1. Corporation Name
AUTOMOTIVE CLINIC INC



Principal Place of Business: 1710 NO LIME AVE SARASOTA FL 34234
Mailing Address: 1710 NO LIME AVE SARASOTA FL 34234

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 11/16/1961
3a. Date of Last Report: 01/13/1995
4. FEI Number: 59-0940388
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: **KERWIN, ROBERT J. 1710 N. LIME AVENUE SARASOTA FL 34234**
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PTD	NAME: KERWIN, ROBERT J.	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 4881 BRIGITTA DRIVE	CITY-ST-ZIP: SARASOTA, FL 00000	1.2 NAME:	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS:	
TITLE: S	NAME: HUMPHREYS, JACQUELINE L.	1.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3239 KALLA LANE	CITY-ST-ZIP: SARASOTA FL	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	2.2 NAME:	
TITLE: VP	NAME: KERWIN, ROBERT M.	2.3 STREET ADDRESS:	
STREET ADDRESS: 3588 AUSTIN BLVD	CITY-ST-ZIP: SARASOTA FL	2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	3.2 NAME:	
STREET ADDRESS:	CITY-ST-ZIP:	3.3 STREET ADDRESS:	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS:	
TITLE:	NAME:	4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	6.2 NAME:	
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	
	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> 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)(g), 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: *Jacqueline L. Humphreys* **Jacqueline L. Humphreys** 4/1/96 941-955-5784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)