## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 253155

**AUTOMOTIVE CLINIC INC** 

## **FILED** Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90103 007 \*\*\*150.00



										11111	
Principal Place of Business Mailing Address									ien ejen e	1814 818	
1710 NO LIME AVE 1710 NO LIME AVE							Ī				
SARASOTA FL 34234 SARASOTA FL 34234							DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed		•		}
							11/16/1961				ľ
2. Principal P	lace of Business	2a	. Mailing Address	,			4. FEI Number		1	Appl	ied For
21			26				59-0940388		Not Applicable		
			Suite, Apt. #, etc.	#, etc.			5. Certifcate of Status Desired		•		ditional·
22 27							3. Certificate of Status Bosines		Fee	Req	uired
City & State	City & State	& State			6. Election Campaign Financing \$5.00 May Be						
23			28				Trust Fund Contribution Added to Fees				
Zip 	Country Zip			Country			8. This corporation owes the current year Intangible Personal Property Tax.				
24	25 29 30 30 9. Name and Address of Current Registered Agent			30			10. Name and Address of New Registered Agent				
	9. Name and Address of Curn	int Kegi:	stered Agent		81	Name	18. Italia alia pasiosa si itali				
KER1	WIN, ROBERT J.							-61-1			
1710 N. LIME AVENUE				82	Street Addre	ess (P.O. Box Number is Not Accept	able)				
SAR	ASOTA FL 34234			ļ	83			-			
				ļ					los :	Zip Co	udo.
					84	City		FL	85 2	cip cc	lue
11. Pursuant	to the provisions of Sections 607.05	02 and 6	07.1508, Florida Statut	tes, the ab	ove	e-named corpo	oration submits this statement for the	purpose of	changing	its re	gistered
office or re	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Flori ations of	da. Such change was a f. Section 607.0505, Flo	autnorized orida Statu	by tes.	tne corporatio	n's board of directors. I hereby acce	pt trie appoi	iuncik a	s rega	plered
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Rec						nt signature required		DATE	10 DIDE		0.41.40
12.	OFFICERS A	ND DIRE		13.	_		ADDITIONS/CHANGES TO OF	FICERS AN	Char		Addition
TITLE	PTD		☐ DELETE	1.1 TIT					□ Cilai	ige	
NAME	KERWIN, ROBERT J.			1.2 NA							
STREET ADDRESS	4881 BRIGITTA DRIVE					T ADDRESS					
CITY-ST-ZIP	SARASOTA, FL 00000 S		M DELETE	1.4 CIT 2.1 TIT		1-212			☐ Char	nge	Addition
TITLE	HUMPHREYS, JACQUELINE 1		Access	2.2 NA			Nr, ETI	=	_	-	_
NAME STREET ADDRESS	3239 KALLA LANE	•		i i		TADDRESS	DELET	_			}
CITY-ST-ZIP	SARASOTA FL			2. 4 CI			*		~		
TITLE	VP		☐ DELETE	3.1 TIT					Char	nge	Addition
NAME	KERWIN, ROBERT M			3.2 NA	Æ						
STREET ADDRESS	3997 HINA DR			3.3 STF	REET	T ADDRESS					
CITY-ST-ZIP	SARASOTA FL 34241			3.4. CII	Y-S	IT-ZIP					
TITLE			☐ DELETE	4.1 TIT	E.				Char	nge	Addition
NAME				4. 2 NA	ME	İ					
STREET ADDRESS						TADORESS					
CITY-ST-ZIP				4.4 CIT	_	T-ZIP			☐ Chor	200	Addition
TITLE			☐ DELETE	5.1 TIT 5.2 NA					☐ Char	ige	
NAME						T ADDRESS					ļ
STREET ADDRESS				5.4 CIT							1
CITY-ST-ZIP			☐ DELETE	6.1 TIT		1 - EII-			☐ Char	nge	Addition
TITLE				6.2 NA						•	
NAME				1		T ADDRESS					
STREET ADDRESS				6.4 CIT							(
CITY-ST-ZIP				J.,							

14. I hereby certify that the information supplied with this filing 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 with all other like empowered.

SIGNATURE: