

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

INCORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
JAMES B. MATHIAS
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
FILED

RECEIVED MAY 25 1995

MADEIRA, FLORIDA

DOCUMENT # 390899

(3)

SOUTH MIAMI AUTO-TRUCK RUSTPROOFING, INC.

13305 S.W. 88 AVENUE
MIAMI FL 33176

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MIAMI FL 33176

Date of Filing: 05/01/1994

3. Date of Incorporation or Reorganization 11/05/1971	3a. Date of Last Report 05/01/1994
4. FIC Number 59-1367653	Appeal For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.03, Florida Statutes ☐ Yes ☒ No	

2. Principal Office of Mailing 21	2a. Mailing Address 26
3. State Agent's Office 22	3a. State Agent's Office 27
4. City & State 23	4a. City & State 28
5. Country 24	5a. Country 29
6. Country 25	6a. Country 30

9. Name and Address of Current Registered Agent EBANKS, JOYCE 18122 SW 87 PLACE MIAMI FL 33157		10. Name and Address of New Registered Agent	
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City
		85. Zip Code	FL

11. Pursuant to the provisions of Sections 199.01, 199.02, and 199.03, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office, a registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby are not the appointment as registered agent. I am familiar with and accept the obligations of the new Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME VD SPAHN, DOROTHY	1. NAME VICE PRES SECY & TREASURER	2. NAME	2. NAME
2. STREET ADDRESS 18122 SW 87TH PLACE	2. STREET ADDRESS	3. NAME	3. NAME
3. CITY & STATE MIAMI, FL 00000	3. CITY & STATE	4. NAME	4. NAME
4. NAME PD EBANKS, JOYCE SPAHN	4. NAME	5. NAME	5. NAME
5. STREET ADDRESS 18122 SW 87TH PLACE	5. STREET ADDRESS	6. NAME	6. NAME
6. CITY & STATE MIAMI, FL 00000	6. CITY & STATE	7. NAME	7. NAME
7. NAME STD EBANKS, ROY	7. NAME	8. NAME	8. NAME
8. STREET ADDRESS 18122 SW 87TH PLACE	8. STREET ADDRESS	9. NAME	9. NAME
9. CITY & STATE MIAMI, FL 00000	9. CITY & STATE	10. NAME	10. NAME
10. NAME D	10. NAME	11. NAME	11. NAME
11. STREET ADDRESS	11. STREET ADDRESS	12. NAME	12. NAME
12. CITY & STATE	12. CITY & STATE	13. NAME	13. NAME
13. NAME	13. NAME	14. NAME	14. NAME
14. STREET ADDRESS	14. STREET ADDRESS	15. NAME	15. NAME
15. CITY & STATE	15. CITY & STATE	16. NAME	16. NAME
16. NAME	16. NAME	17. NAME	17. NAME
17. STREET ADDRESS	17. STREET ADDRESS	18. NAME	18. NAME
18. CITY & STATE	18. CITY & STATE	19. NAME	19. NAME
19. NAME	19. NAME	20. NAME	20. NAME
20. STREET ADDRESS	20. STREET ADDRESS	21. NAME	21. NAME
21. CITY & STATE	21. CITY & STATE	22. NAME	22. NAME
22. NAME	22. NAME	23. NAME	23. NAME
23. STREET ADDRESS	23. STREET ADDRESS	24. NAME	24. NAME
24. CITY & STATE	24. CITY & STATE	25. NAME	25. NAME

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Sections 199.01(5)(b), Florida Statutes. I further certify that the information indicated on the 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 liquidator empowered to receive the report as required by Chapter 263, Florida Statutes, and that my name appears in Block 1, or Block 1a if changed, on an affidavit with an address.

SIGNATURE: *Joyce Ebanks* **JOYCE EBANKS** 5/8/95 305-233-5392