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FILED

Feb 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 403999 (6)

1. Corporation Name  
AUTOMOTIVE CLINIC BODY SHOP, INC.

Principal Place of Business

1750 N. LIME AVENUE  
SARASOTA FLA  
34234

Mailing Address

1750 N. LIME AVENUE  
SARASOTA FLA  
34234-7624



2. Principal Place of Business

21 5849 N. Washington Blvd

2a. Mailing Address

26 5849 N. Washington Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 SARASOTA, FLA.

City & State

28 SARASOTA, FL

Zip

24 34243

Country

25 USA

Zip

29 34243

Country

30 USA

9. Name and Address of Current Registered Agent

GRESOCK, KEVIN  
4935 82ND PLACE EAST  
SARASOTA FL 34243

3. Date Incorporated or Qualified

06/28/1972

3a. Date of Last Report

03/29/1996

4. FEI Number

59-1403186

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

6. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

8040 Conservatory Circle

84 City

FL

85 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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V  
NAME J.V. CLOUD  
STREET ADDRESS 5129 WILLOW LEAF DRIVE  
CITY-ST-ZIP SARASOTA FL  
☒ DELETE

TITLE S  
NAME LIANNE GRESOCK  
STREET ADDRESS 4935 82ND PLACE EAST  
CITY-ST-ZIP SARASOTA FL  
☐ DELETE

TITLE P  
NAME GRESOCK, KEVIN  
STREET ADDRESS 4935 82ND PLACE EAST  
CITY-ST-ZIP SARASOTA FL  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

Kevin A. Gresock / Kevin A. Gresock

2/3/97

(941) 358-9003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0426229

CR2E034 (9/96)