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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

413897 **DOCUMENT #**

(0)

 Corporation Name STEVE'S AUTO AND TRUCK REPAIR, INC.

Maling Address Principal Place of Business 5613 N ARMENIA AVE 5613 N ARMENIA AVE



5613 N ARMENIA AVE TAMPA FL 33603				5613 N ARMENIA AVE TAMPA FL 33603			3. Date incorporated or Ou 12/01/1972	nalified 3a.	Date of Last Report 04/17/1995
2. Principal Place of Business			2a. Ma	2a. Maling Address			4. FEI Number 59-1438052		Applied For Not Applicable
1	Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			5. Certificate of Status De:	sired 🔲	\$8.75 Additional Fee Required
2	City & State		k	y & State			Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees
23	Zip	Country	F-*¬ _a_			Florida Statutes Yes 🗹 No			No
24		25	29				10. Name and Address of	f New Regist	tered Agent
_	9. Name	and Address of Cu	Frent Register	ed Agent	B1	Name			
FRITCH, STEVE					82	82 Street Address (P.O. Box Number is Not Acceptable) 83			
2910 W JEAN ST TAMPA FL 33614			83						
					84	1 '			FL 85 Zip Code
1	Pursuant to the provi or registered agent, of familiar with, and according	sions of Sections 607, or both, in the State of ept the obligations of,	0502 and 607.1 Fiorida Such c Section 607.05	508, Florida Statutes, tri hange was authorized by 05, Florida Statutes.	above the corp	named corpo poration's boa	oration submits this statement f and of directors. I hereby accept	_	
S	IGNATURE	of or printed name of registers:	tagerta el the Japa	NOTE RO	estered Age	et sejnature rasjur	CONTROL OF THE STATE OF THE STA		DATE. RS AND DIRECTORS IN 12

latinal with, and decept the engineering											
SIGNATURE Signature typing or printed some of leg considerate and applications and the displace of the printed some of the pri											
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition								
TITLE	PD DELETE	t i fifte									
NAME	FRITCH, STEVE	1.2 NAME	FRITCH STEVE 117/0 Rolling OAKS LANE								
1	PRITCH, STEVE 2910 W. JEAN ST. AUDRESS CHANGE	1.3 STREET ADDRESS	77/0 70 710 22/024								
STREET ADDRESS	TAMPA FL	1.4 C:TY - ST - ZIP	HINDI								
City-St-71P	T DELETE	2 1 TiTuE	FRITCH DOROTHY Change Addition FRITCH POROTHY LANE								
TITLE	ט	2.2 NAME	FRITCH & LAW DAKS LANCE								
NAME	PRITCH, DOROTHY 2910 W. JEAN ST. ADBRESS CHANCE	2.3 STREET ADDRESS	11/10 KITTING O.								
STREE! ADDRESS		2.4.C(Ty : S1 - Z)P	TAMUA, FIA 33627								
CITY-ST-ZIP	TAMPA FL	3 1 TILE	V D Change Addition								
TITLE	NO DELETE		EDITOH LARRY								
NAME	FRITCH, LARRY 3208 W MINNEHAHA ADRRESS CHANCE	3.2 NAME	FRITCH, LARRY ST								
STREET ADDRESS	3208 W. MINNEHAHA IT DRRESS CHAROCO	3.3 STREET ADDRESS	TAMPA, FIA 33614								
CITY-ST-ZIP	TAMPA FL	3.4 CITY - S1 - ZIP	Change Addition								
TITLE	☐ DELETE	4 1 TITLE	, ,								
		4.2 NAME									
NAME		4.3 STREET ADDRESS									
STREET ADDRESS		4 4 CITY - ST - ZIP									
CITY-ST-ZIP	DELETE	5 1 TITLE	Change Addition								
TITLE		5.2 NAME									
NAME		5.3 STREET ADDRESS									
STREET ADDRESS			<u></u>								
CITY ST-ZIF		5 4 CITY - ST - ZIP	Change Addition								
TITLE	DELETE	6 1 THLE									
NAME		6.2 NAME									
STREET ADDRESS		6 3 STREET ADDRESS	S								
STREET ADURESS		6.4 CITY - ST - 7IP	with the execution stated in Section 119.07(3)(k), Florida Statutes. I further								

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)(k). 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 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 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 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 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 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 under under certificities are considered by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14 or Block 15 4. 9-96 (813) 879-6068

AME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: