FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 29 AM 8:52

DOCUMENT # **462912** **(7)**

1. Corporation Name
MAD HATTER MUFFLERS OF ST. PETERSBURG, INC.

Principal Place of Business	Mailing Address
10204 SEMINOLE ISLAND DR SEMINOLE FL 34643	10204 SEMINOLE ISLAND DR SEMINOLE FL 34643

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/08/1974
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business	2a. Mailing Address
21 1017 PENINSULA AVE	26 1017 PENINSULA AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: TARPON SPRINGS FL	28 City & State: TARPON SPRINGS FL.
24 Zip: 34689 25 Country: USA	29 Zip: 34689 30 Country: USA

4. FEI Number: 59-1643831 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLIAMS, ALBERT C., JR., ESQ.
1311 N. WESTSHORE BLVD
SUITE 313
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ (NOTE: Registered Agent signature required when mail/faxing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	BRISBOIS, CAROL	12 NAME	1017 PENINSULA AVE
STREET ADDRESS	10204 SEMINOLE ISLAND DR.	13 STREET ADDRESS	TARPON SPRINGS, FL 34689
CITY ST ZIP	LARGO FL 34643	14 CITY ST ZIP	
TITLE	STD	21 TITLE	☒ Change ☐ Addition
NAME	BRISBOIS, CAROL	22 NAME	
STREET ADDRESS	10204 SEMINOLE ISLAND DR.	23 STREET ADDRESS	1017 PENINSULA AVE
CITY ST ZIP	LARGO FL 34643	24 CITY ST ZIP	TARPON SPRINGS, FL 34689
TITLE	V	31 TITLE	✓ ☒ Change ☒ Addition
NAME	HAYDEN, ROBERT K.	32 NAME	EUGENE P. AUSTIN
STREET ADDRESS	800 COURT STREET DELETE	33 STREET ADDRESS	206 DRIFTWOOD DRIVE
CITY ST ZIP	CLEARWATER FL	34 CITY ST ZIP	PALM HARBOR, FL 34683
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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: Carol A. Brisbois CAROL A. BRISBOIS 6-26-95 813-944-3590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0450740 FP