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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 507250

(9)

FILED Feb 09 1998 8:00am Secretary of State

LIKIS AUTO SERVICE CENTER, INC.					
Balanta Diagonal Dunin		Mailing Address			
Principal Place of Business Mailing Address 5675 NORTH DAYIS HIGHWAY 5675 NORTH DAVIS HIGH			LINCHINAY		
PENSACOLA FL \$2503-2010 PENSACOLA FL					
					IN THIS SPACE
				3. Date Incorporated or Qualified 07/15/1976	
2. Principal Place of Bu	usiness	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1692113	Not Applicable
Suite, Apt. #, etc. 22		Suite, Apt. #, etc		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & 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 or has pa	
24 S Na	25 me and Address of Current	29 nt Registered Agent	30	Personal Property Tax due June 10. Name and Address of New Re	
POOPAIRI ALIMA ALIMA				1 5	
447 CANTEODUDY LANG				OTHO PANYKO ess (P.O. Box Number is Not Acceptate	ole)
GULF BREEZE FL 32561			30	S, SPRING S	TREET
			83		
			84 City (1)	= . (= A = A	FI 85 Zip Code
			172	enspearb	
11. Pursuant to the provisions of Sections 607-9502 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 Forida. 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 office of the turns of Section 607.0505, Florida Statutes.					
agent. I am familiar with, and accept the off a turns of, Section 607.0505, Florida Statutes.					
SIGNATURE SIGNATURE	rped or printed name of regime at a d	Apartie if applicable	(NOTE Registered Agent signature require	ed when rejostating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE POST	4	DELET	1.1 TITLE		Change Addition
	ROBERT A.	ノレ	1.2 NAME		
	N. DAVIS HWY	_	1.3 STREET ADDRESS		
0117-01-24	ACOLA FL		1.4 CITY - ST - ZIP		Change Addition
TITLE V	r, robert a.	DELETI			Change Addition
FATE	N. DAVIS HWY		2.2 NAME		
DENG	ACOLA FL		2.3 STREET ADORESS		
TITLE ST	7,000111	DELET	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
	ER, DIANE L	- 00441	3.2 NAME		
	N DAVIS HWY		3.3 STREET ADDRESS		
	ACOLA FL		3.4. CITY - ST- ZIP		
TITLE		☐ DELET	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET AOORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELET			☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELET	5.4 CITY - ST - ZIP		Change Addition
TITLE		□ neren	6.1 TITLE 6.2 NAME		CT Augusta CT Manual
NAME CTOCCT HOODEGG			6.3 STREET ADDRESS		
STREET ADDRESS			6.4 CITY-ST-ZIP		
CITY-ST-ZIP			0.701117317211	0 440.03(0)(1) (1 (T 1)

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 of 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.