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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 556449 (7)

1. Corporation Name

AYERS AUTO AIR AND MUFFLER CITY OF ST. PETERSBURG, INC.



Principal Place of Business

Mailing Address

824 SO DALE MABRY  
TAMPA FL 33609

824 SO DALE MABRY  
TAMPA FL 33609

3. Date Incorporated or Qualified  
12/30/1977

3a. Date of Last Report  
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 1102 N. Rome Ave.

26 1102 N. Rome Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 TAMPA FL

28 Tampa, FL

Zip

Country

Zip

Country

24 33607

25 Hills.

29 33607

30 Hills.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KENNEDY, V  
824 SOUTH DALE MABRY HIGHWAY  
TAMPA FL 33609

81 Name V. Kennedy

82 Street Address (P.O. Box Number is Not Acceptable)  
1102 N. Rome Ave.

83

84 City Tampa

FL

85 Zip Code 33607

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, agent, or if applicable, (None - Registered Agent signature required when replacing)

(None - Registered Agent signature required when replacing)

DATE

V. Kennedy

4-29-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME AYERS, ALVIN  
STREET ADDRESS 7304 EGYPT LAKE DR.  
CITY-ST-ZIP TAMPA, FL 00000

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE CONTROLLER/POA  
1.2 NAME Virginia Kennedy  
1.3 STREET ADDRESS 1102 Church Dr.  
1.4 CITY-ST-ZIP RIVERVIEW, FL 33569

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

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(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 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:

V. Kennedy - Controller/POA

4-29-96 (813) 259-9313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)