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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 556624

I am an officer or director of the corporation appears in Block 12 or Block 13 if changes

SIGNATURE:

(5)

AYERS AUTO AIR AND MUFFLER CITY OF TAMPA, INC.

25 Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Zip  Country  Zip  Country  Zip  Sign Apt. #, etc.  Country  Zip  Sign Apt. #, etc.  City & State  City & State  Sign Country  Zip  Country  Zip  Sign Country  Sign Co	
Suite, Apt. #, cic.  Suite, Apt. #, cic.  Suite, Apt. #, etc.  City & State  City & St	eport
City & State  Countries  City & State  Countries  City & State  Countrie	plied For t Applicable
22   Country   Zip   Country   Zip   Country   B. This coppration has liability for intendible tax under a Florida Statutes   Vers   No.   9. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   10. Name   10. Name and Address of New Registered Agent   10. Name   10. N	Additional equired
29 30 Florida Statuties Pures   No.    S. Name and Address of Current Registered Agent   10.   Name and Address of New Registered Agent    KENNEDY, V.   1102 N ROME AVE TAMPA FL 33607   82   Street Address (P.O. Box Number is Not Acceptable)    11. Pursuant to tree provisions of Sodyruds 607 0502 and 607, 1508. Florida Bratilides, the above-named corporation submits this statement for the purpose of changing office or registered along, or both, withe State of Florida Such Directors beard of directors. I hereby accept the apprinced by the corporation's board of directors. I hereby accept the apprinced agent. I am farminary (v), and procept the displacion of Socioto 607, 0505, Florida Statuties.  SIGNATURE   DELETE   1.1 TILE   DELETE   1.2 NAME   1.2	May Be o Fees
KENNEDY, V. 1102 N ROME AVE TAMPA FL 33807  82 Street Address (P.O. Box Number is Not Acceptable)  83 B4 City  FL 85 Zip  84 City  FL 85 Zip  85 Zip  86 City  FL 85 Zip  87 City  FL 85 Zip  88 City  FL 85 Zip  89 City  FL 85 Zip  89 City  FL 85 Zip  80 City  FL 85 Zip  FL 85	199.032,
11. Pursuant to the provisions of Section is 607 0502 and 607 1508. Florida Pratities, the above-named corporation submits this statement for the purpose of changing of office or registered above, or to but in the State of Epida Such 607 0505, Florida Pratities, the above-named corporation submits this statement for the purpose of changing of office or registered above, or to but in the State of Epida Such 607 0505, Florida Pratities, the above-named corporation submits this statement for the purpose of changing of office or registered above, or to but in the State of Epida Such 607 0505, Florida Pratities, the above-named corporation submits this statement for the purpose of changing of the majority of the corporation's board of directors. I hereby accept the appointment as agent I am familiar by the corporation's board of directors. I hereby accept the appointment as agent I am familiar by the corporation's board of directors. I hereby accept the appointment as agent I am familiar by the corporation's board of directors. I hereby accept the appointment as agent I am familiar by the corporation's board of directors. I hereby accept the appointment as agent I am familiar by the corporation's board of directors. I hereby accept the appointment as agent I am familiar by the corporation's board of directors. I hereby accept the appointment as agent I am familiar by the corporation's board of directors. I hereby accept the appointment as agent I am familiar by the corporation's board of directors. I hereby accept the appointment as agent I am familiar by the corporation's board of directors. I hereby accept the appointment as agent I am familiar by the corporation's board of directors. I hereby accept the appointment as agent I am familiar by the corporation's board of directors. I hereby accept the appointment as agent I am familiar by the corporation's board of directors. I hereby accept the appointment as agent I am familiar by the corporation's board of directors. I hereby accept the appointment as agent I am f	
11. Pursuant to the provisions of Section's 607.0502 and 697.0508, Florida Piatutes, the above-named corporation submits this statement for the purpose of the age of the day of the corporation's board of directors. I hereby accept the appointment as agent 1 am farminar with, and incept the obligation of Section 607.0505, Florida Statutes.  SIGNATURE    Signature: third or printed hame of representation of the obligation of Section 607.0505, Florida Statutes.    Signature: third or printed hame of representation of the obligation of Section 607.0505, Florida Statutes.    Signature: third or printed hame of representation of the obligation of Section 607.0505, Florida Statutes.    Signature: third or printed hame of representation of the obligation of Section 607.0505, Florida Statutes.    Signature: third or printed hame of representation of the obligation of Section 607.0505, Florida Statutes.    Signature: third or printed hame of representation of the obligation of Section 607.0505, Florida Statutes.    Signature: third or printed hame of high participation of the obligation of Section 607.0505, Florida Statutes.    Signature: third or printed hame of high participation of the obligation of Section 607.0505, Florida Statutes.    Signature: third or printed hame of high participation of the obligation of	
SIGNATURE    Signature   10.ed or punited harmoust requested against   19 ed appricable   (NOTE Registered Agent signature required when reinstating)   DATE	Code s registered
12. OFFICERS AND DIRECTORS  TITLE NAME AYERS, ALVIN 7304 EGYPT LAKE DR. CITY-ST-ZIP TITLE CPOA CPOA CITY-ST-ZIP TITLE KENNEDY, VIRGINIA 1108 CHURCH DR CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME AWE STREET ADDRESS CITY-ST-ZIP TITLE NAME AWE STREET ADDRESS CITY-ST-ZIP TITLE NAME AWE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE AWE ASTREET ADDRESS CITY-ST-ZIP TITLE ASTREET ADDRESS CITY-ST-ZIP	Z
TITLE	C INI 12
NAME   AYERS, ALVIN   1.2 NAME   1.3 STREET ADDRESS   7304 EGYPT LAKE DR.   1.3 STREET ADDRESS   1.4 CITY - ST - ZIP   TITLE   CPOA	Addition
1.3 STREET ADDRESS	
TAMPA, FL 00000	
DELETE   DELETE   2.1 TITLE	
NAME   STREET ADDRESS   1108 CHURCH DR   2.3 STREET ADDRESS   1108 CHURCH DR   1108 CHURC	Addition
CITY-ST-ZIP         RVERVIEW FL         2.4 CITY-ST-ZIP           TITLE         DELETE         3.1 TITLE         Change           NAME         3.2 NAME         STREET ADDRESS         CITY-ST-ZIP         A CITY-ST-ZIP         A CITY-ST-ZIP         CTANAME         CHANGE         CHAN	
CITY-ST-ZIP         RVERVIEW FL         2.4 CITY-ST-ZIP           TITLE         DELETE         3.1 TITLE         Change           NAME         3.2 NAME         STREET ADDRESS         CITY-ST-ZIP         A CITY-ST-ZIP         A CITY-ST-ZIP         CTANAME         CHANGE         CHAN	
NAME       3.2 NAME         STREET ADDRESS       3.3 STREET ADDRESS         CITY-ST-ZIP       3.4 CITY-ST-ZIP         TITLE       DELETE       4.1 TITLE       □ Change         NAME       4.2 NAME         STREET ADDRESS       4.3 STREET ADDRESS         CITY-ST-ZIP       4.4 CITY-ST-ZIP	
STREET ADDRESS         33 STREET ADDRESS           CITY-ST-ZIP         34 CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change           NAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP	☐ Addition
CHY-ST-ZIP         3.4 CHY-ST-ZIP           THEE         DELETE         4.1 THE         Change           NAME         4.2 NAME         STREET ADDRESS           CHY-ST-ZIP         4.4 CHY-ST-ZIP         4.4 CHY-ST-ZIP	
TITLE         DELETE         4.1 TITLE         Change           NAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS           CITY- ST- ZIP         4.4 CITY- ST- ZIP	
NAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP	
STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP	☐ Addition
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
TITLE DELETE 5.1 TITLE Change	
	☐ Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY - S1 - 2IP 5.4 CITY - ST - 2IP	
TITLE DELETE 6.1 TITLE Change	Addition
NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP EACHY-ST-ZIP	
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 information indicated on this annual report or supplymental annual report is true and accurate and that my signature shall have the same legal effect as if made unlearn an officer or director of the corporation of the deceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my incident is a supply of the corporation of the corporation.	ine der oath: that

G OFFICER OR DIRECTOR