

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

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



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

95 MAY 23 1995

DOCUMENT # **616163** (2)

1. Corporation Name
GARY'S AUTOCRAFT, INC.

SEC
TALL
STATE
FLORIDA

2. Principal Office of Corporation
**220 COURTLAND AVENUE
BARTOW FL 33830**

3. Mailing Address
**220 COURTLAND AVENUE
BARTOW FL 33830**

Default Write in this Space

3. Date first organized or qualified 04/02/1979	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1911483	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This Corporation has liability for intangible tax under S. 199.001 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Executive Officer Name: POWELL, GARY Address: 220 COURTLAND AVENUE BARTOW FL 33830	22. State Agent Name: GARY POWELL Address: 220 COURTLAND AVENUE BARTOW FL 33830	23. City & State BARTOW FL	24. Country USA	25. City BARTOW	26. State FL	27. Zip Code 33830	28. Country USA	29. City BARTOW	30. State FL	31. Zip Code 33830
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11. Pursuant to the provisions of Sections 607.0502 and 607.1504 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 607.0005 Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
1. TITLE PD	1. NAME POWELL, GARY	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	1. NAME 220 S. Courtland Ave
2. STREET ADDRESS 220 S. COURTLAND AVE	2. STREET ADDRESS BARTOW, FL 00000	2. STREET ADDRESS	2. STREET ADDRESS
3. CITY, ST. ZIP		3. CITY, ST. ZIP	
4. TITLE	4. NAME	4. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4. NAME
5. STREET ADDRESS	5. STREET ADDRESS	5. STREET ADDRESS	5. STREET ADDRESS
6. CITY, ST. ZIP		6. CITY, ST. ZIP	
7. TITLE	7. NAME	7. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	7. NAME
8. STREET ADDRESS	8. STREET ADDRESS	8. STREET ADDRESS	8. STREET ADDRESS
9. CITY, ST. ZIP		9. CITY, ST. ZIP	
10. TITLE	10. NAME	10. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	10. NAME
11. STREET ADDRESS	11. STREET ADDRESS	11. STREET ADDRESS	11. STREET ADDRESS
12. CITY, ST. ZIP		12. CITY, ST. ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and true, and equally for the information stated in Section 119.071, Florida Statutes. I further certify that the information included 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 the report as required by Chapter 127, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report or on an attachment with an address.

SIGNATURE: *Gary Powell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813 533-1905
Telephone Number