

FILE NOW. FILING FEE AFTER MAY 1 IS \$25.00.
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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 21 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 619943 (4)

1. Corporation Name

THE AUTO PLACE OF PINELLAS, INC.

Principal Place of Business

Mailing Address

120 16TH STREET NORTH
ST. PETERSBURG FL 33705

120 16TH STREET NORTH
ST. PETERSBURG FL 33705

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/01/1979

3a. Date of Last Report

03/31/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-1903014

Applied For

Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22. City & State

27. City & State

6. Election Campaign Financing

\$5.00 May Be

Must Fund Contribution

☐

Added to Fees

23. Zip

Country

28. Zip

Country

8. The corporation has liability for intangible tax under S. 192.032,
Florida Statutes ☐ Yes ☐ No

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLACKWELL, PATRICIA
12016 ST. NO.
ST. PETERSBURG FL 33705

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, I, or registered agent, or both, in the State of Florida. Such change was authorized by a 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.

I, above-named corporation submits this statement for the purpose of changing its registered office to the address above. 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 and title if applicable

(NOTE: If

Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME BLACKWELL, PATRICIA W.
STREET ADDRESS 120 - 16TH STREET NORTH
CITY - ST - ZIP ST. PETERSBURG FL

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

TITLE ST
NAME BLACKWELL, PATRICIA W.
STREET ADDRESS 120-16 ST. N.
CITY - ST - ZIP ST. PETE FL

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

31. TITLE ☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

41. TITLE ☐ Change ☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

51. TITLE ☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61. TITLE ☐ Change ☐ Addition

62. NAME

63. STREET ADDRESS

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 110.07(3)(b), 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 of the corporation; and that my name appears in Block 12 or Block 13, as required, or on an attachment with an original signature.

I, above-named corporation submits this statement for the purpose of changing its registered office to the address above. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

DIRECTOR

Date

Signature (If Required)