

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 14 1996 8:00 am
Secretary of State

DOCUMENT # 638030 (7)

1. Corporation Name

ALLEN'S AUTOMOTIVE SPECIALISTS, INC.

Principal Place of Business

10448 ATLANTIC BLVD.
JACKSONVILLE FL 32225

Mailing Address

10448 ATLANTIC BLVD.
JACKSONVILLE FL 32225

2. Principal Place of Business

21

Suite, Apt., etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt., etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

POPPENHAGER, ALLEN R.
10448 ATLANTIC BLVD.
JACKSONVILLE FL 32225

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 607.0305 and 607.1505, 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 607.0305, Florida Statutes.

SIGNATURE

Signature of person authorized to file this report (must be owner, president, or secretary)

Signature of Registered Agent (must be owner, president, or secretary)

Date

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
POPPENHAGER, ALLEN R.
STREET ADDRESS
10448 ATLANTIC BLVD.
CITY-ST-ZIP
JACKSONVILLE FL

2. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME
STREET ADDRESS
CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

4. NAME
STREET ADDRESS
CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME
STREET ADDRESS
CITY-ST-ZIP

7. TITLE ☐ Change ☐ Addition

8. NAME
STREET ADDRESS
CITY-ST-ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME
STREET ADDRESS
CITY-ST-ZIP

11. TITLE ☐ Change ☐ Addition

12. NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

800001779588
-04/15/96--01026--016
***200.00
4/12

CR2E034 (12/95)