

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 APR -7 AM 5:51

DOCUMENT # 671122 (0)

1. Corporation Name
BERNARD'S AUTOMOTIVE GARAGE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **4215 N.W. HWY. 40
OCALA FL 32675**
Mailing Address: **4215 N.W. HWY. 40
OCALA FL 32675**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/23/1980**
3a. Date of Last Report: **02/10/1994**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
22. Suite, Apt. #, etc.: **27**
23. City & State: **28**
24. Zip: **25** Country: **29** Zip: **30** Country: **30**

4. FEI Number: **59-2008123**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TUGGERSON, BERNARD SR
4215 N.W. HIGHWAY 40
OCALA FL 34482**

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, this 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 and title, applicable

NOTE: Registered Agent to future required when transferring

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|----------------|--|
| TITLE | ST |
| NAME | TUGGERSON, LILLIE |
| STREET ADDRESS | 3920 SW BROADWAY 4215 N.W. Hwy 40 |
| CITY ST ZIP | OCALA FL 34482 |
| TITLE | PD |
| NAME | TUGGERSON, BERNARD |
| STREET ADDRESS | 3920 SW BROADWAY 4215 N.W. Hwy 40 |
| CITY ST ZIP | OCALA, FL 34482 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
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| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY ST ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY ST ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY ST ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY ST ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY ST ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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)(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 empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE: *Lillie Tuggerson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-95 (904) 624-9609
Date Daytime Phone #