

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **673479** (2)

1. Corporation Name

THOMPSON AUTO REPAIR & ALIGNMENT, INC.



Principal Place of Business

Mailing Address

C/O MICHAEL FAREWELL
1128 NE CLEVELAND ST
CLEARWATER FL 34615

C/O MICHAEL FAREWELL
1128 NE CLEVELAND ST
CLEARWATER FL 34615

3. Date Incorporated or Qualified
06/13/1980

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2001719

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

**FARWELL, MICHAEL
1128 N.E. CLEVELAND ST.
CLEARWATER FL 33515**

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, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Carolyn A. Farewell / Pres/Sec.

2/23/96

Signature, typed or printed name of registered agent and title, if applicable.

NOTE: Registered Agent's signature required when re-registering.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	FAREWELL, RALPH B.	
STREET ADDRESS	1168 FALCON DRIVE	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	DSVP	<input type="checkbox"/> DELETE
NAME	FAREWELL, CAROLYN A	
STREET ADDRESS	1168 FALCON DRIVE	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	FAREWELL, MICHAEL	
STREET ADDRESS	1309 MERES BLVD	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
18. NAME	
19. STREET ADDRESS	
20. 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)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Carolyn A. Farewell / Pres/Sec.

DATE

2/23/96

Daytime Phone #

8134462177

CR2E034 (12/95)