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Mar 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 726483 (1)
1. Corporation Name
AUTOMOTIVE SERVICE ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 217
INDIAN ROCKS BCH. FL 34635-0217P.O. BOX 217
INDIAN ROCKS BCH. FL 33785-02173. Date Incorporated or Qualified
05/23/19733a. Date of Last Report
04/24/1996

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

29

33785-0217

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code
33774

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME CARR, RAY
STREET ADDRESS 2205 S.W. 13TH STREET
CITY - ST - ZIP GAINESVILLE FL 32698☐ DELETE1.1 TITLE D
1.2 NAME Charles Elder
1.3 STREET ADDRESS 2461 Greer Rd.
1.4 CITY - ST - ZIP Tallahassee, FL 32308
☐ Change ☒ AdditionTITLE D
NAME ZWALINA, DAVE
STREET ADDRESS 785 SOUTH HIGHWAY 17-92
CITY - ST - ZIP LONGWOOD FL 32750☒ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ AdditionTITLE D
NAME CONDE, DEBI
STREET ADDRESS 141 WEST WINDHORST
CITY - ST - ZIP BRANDON FL 33510☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 813-654-2155

0052243

CR2E037 (9/96)