FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F44090** **(1)**

1. Corporation Name
SPRING'S AUTO SERVICE CENTER, INC.

Principal Place of Business	Mailing Address
% ROBERT SPRING, SR 1126 ALAMANDA LANE STUART FL 34996	% ROBERT SPRING, SR 1126 ALAMANDA LANE STUART FL 34996

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/31/1981
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21): 3556 SE Dixie Hwy
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23): STUART
City & State (28):
Zip (24): 34997
Country (25): MARTIN
Zip (29):
Country (30):

4. FEI Number: 59-2136512 ☐ 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

SPRING, ROBERT, SR
1126 ALAMANDA LANE
STUART FL 33494

10. Name and Address of New Registered Agent

81 Name: Robert C Spring Jr
82 Street Address (P.O. Box Number is Not Acceptable): 4362 SE Paley St.
83: ø
84 City: Pt. St. Lucie FL 85 Zip Code: 34953

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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 607.0505, Florida Statutes.

SIGNATURE: Robert C Spring Jr.
(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	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	SPRING SR, ROBERT	12 NAME	Robert C SPRING Jr	
STREET ADDRESS	1126 ALAMANDA LANE	13 STREET ADDRESS	4362 SE PALEY ST.	
CITY-ST-ZIP	STUART, FL 00000	14 CITY-ST-ZIP	Pt St. Lucie Fl. 34953	
TITLE	STD	21 TITLE		☐ Change ☐ Addition
NAME	SPRING, ANN	22 NAME		
STREET ADDRESS	1126 ALAMANDA LANE	23 STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 00000	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	SPRING JR, ROBERT	32 NAME		
STREET ADDRESS	4362 S.E. PALEY STREET	33 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert C Spring Jr. 4/28/95 407-287-5831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR1A37 CR