

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F44090 (1)

1. Corporation Name

SPRING'S AUTO SERVICE CENTER, INC.



Principal Place of Business

Mailing Address

3556 SE DIXIE HWY
1126 ALAMANDA LANE
STUART FL 34997
US

% ROBERT SPRING, SR
1126 ALAMANDA LANE
STUART FL 34996

3. Date Incorporated or Qualified
08/31/1981

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 3556 SE DIXIE HWY #24

26 Robert C SPRING JR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 4362 SE PALEY ST

City & State

City & State

23 STUART, FL

28 PT. ST. LUCIE FL

Zip

Zip

24 34997

29 34953

Country

Country

25 MARTIN

30 ST. LUCIE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPRING, ROBERT C.
4362 SE PALEY ST.
PT. ST. LUCIE FL 34953

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 accept the obligations of, Section 607.0505, 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

TITLE ☐ DELETE

NAME PD
STREET ADDRESS SPRING, ROBERT C.
CITY - ST - ZIP 4362 SE PALEY ST.
PT. ST. LUCIE FL

TITLE ☐ DELETE

NAME STD
STREET ADDRESS SPRING, ANN
CITY - ST - ZIP 1126 ALAMANDA LANE
STUART, FL 00000

TITLE ☐ DELETE

NAME VD
STREET ADDRESS SPRING JR, ROBERT
CITY - ST - ZIP 4362 S.E. PALEY STREET
PORT ST. LUCIE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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)(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 changing, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Mo/Yr

4/15/96 407-287-5831

CR2E034 (12/95)