

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **F96000003552 (4)**

1. Corporation Name
DR FIX-IT, INC.



Principal Place of Business

Mailing Address

**3435 BAYSHORE BLVD #1800
TAMPA FL 33629**

**3435 BAYSHORE BLVD #1800
TAMPA FL 33629**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 **6525 West Hillsborough**

26 **6525 West Hillsborough**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Tampa**

27 **Tampa**

City & State

City & State

23 **FLORIDA**

28 **FLORIDA**

Zip

Country

Zip

Country

24 **33634**

25 **Hillsborough**

29 **33634**

30 **Hillsborough**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/12/1996

4. FEI Number

59-3334064

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**MARTINEZ-MONFORT, LUIS
6150 GULFPORT BLVD #406
GULFPORT FL 33707**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PC** ☐ DELETE
NAME **MARTINEZ-MONFORT, ANTONIO**
STREET ADDRESS **3435 BAYSHORE BLVD #1800**
CITY-ST-ZIP **TAMPA FL 33629**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE
NAME **DE QUESADA, CARLOS**
STREET ADDRESS **3435 BAYSHORE BLVD #2100**
CITY-ST-ZIP **TAMPA FL 33629**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SDT** ☐ DELETE
NAME **MARTINEZ-MONFORT, ELIZABETH**
STREET ADDRESS **3435 BAYSHORE BLVD #1800**
CITY-ST-ZIP **TAMPA FL 33629**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

**900002506253
-04/30/98--01029--006
***150.00**

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)