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Jul 26, 1999 8:00 am  
Secretary of State

07-26-1999 90017 038 \*\*\*550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000003552 ✓

1. Corporation Name

DR FIX-IT, INC.

Principal Place of Business

6525 WEST HILLSBOROUGH  
TAMPA FL 33634  
US

Mailing Address

6525 WEST HILLSBOROUGH  
TAMPA FL 33634  
US

DO NOT WRITE IN THIS SPACE

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 the current year Intangible  
Personal Property Tax.

☐

Yes ☒ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

2203 S. VENUS ST  
TAMPA FLORIDA 33629

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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PC  
MARTINEZ-MONFORT, ANTONIO  
3435 BAYSHORE BLVD #1800  
TAMPA FL 33629

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V  
DE QUESADA, CARLOS  
3435 BAYSHORE BLVD #2100  
TAMPA FL 33629

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SDT  
MARTINEZ-MONFORT, ELIZABETH  
3435 BAYSHORE BLVD #1800  
TAMPA FL 33629

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ DELETE

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PRESIDENT  
ANTONIO MARTINEZ-MONFORT  
2203 S. VENUS ST  
TAMPA, FLORIDA 33629

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VICE PRESIDENT  
RENE MARTINEZ-MONFORT  
2203 S. VENUS ST  
TAMPA, FLORIDA 33629

☐ Change

☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

SECRETARY/TREASURER  
ELIZABETH MARTINEZ-MONFORT  
2203 S. VENUS ST  
TAMPA, FLORIDA 33629

☒ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
Signature and typed or printed name of signing officer or director  
Date 1/3/99 (813) 243-1414  
Daytime Phone #

CR2E034 (1/98)