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 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F97391** **(9)**

1. Corporation Name
AUTO CLINIC OF STUART, INC.

Principal Place of Business	Mailing Address
% JOHN L. CAMPBELL 259 N.W. DIXIE HIGHWAY STUART FL 34994	% JOHN L. CAMPBELL 259 N.W. DIXIE HIGHWAY STUART FL 34994

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/30/1982
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2157888 ☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CAMPBELL, JOHN L.
259 N.W. DIXIE HIGHWAY
STUART FL 34994

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	CAMPBELL, JOHN L	1.2 NAME		
STREET ADDRESS	3370 SW 75TH AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL	1.4 CITY-ST-ZIP		
TITLE	DS	2.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	CAMPBELL, SHARON L	2.2 NAME	JANICE L. GREGORY	
STREET ADDRESS	3370 SW 75TH AVE	2.3 STREET ADDRESS	4985 S.W. HONEY TERRACE	
CITY-ST-ZIP	PALM CITY FL	2.4 CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	VP	3.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	PRIDGEN, BLAKE B	3.2 NAME	GEORGE T. WEEKS	
STREET ADDRESS	1592 NE S ST	3.3 STREET ADDRESS	936 KRUEGER PKWY	
CITY-ST-ZIP	JENSEN BCH FL	3.4 CITY-ST-ZIP	STUART, FL 34996	
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	MARSH, THOMAS J	4.2 NAME		
STREET ADDRESS	2520 SW DANBURY ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	PT ST LUCIE FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: John L. Campbell PRESIDENT 4/26/95 407-692-0060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN L. CAMPBELL

0981080 CP