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 2:23
SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H05899 (0)

1. Corporation Name
A.P. AUTO TOP SHOP, INC.

Principal Place of Business	Mailing Address
732 1/2 N DALE MABRY HWY TAMPA FL 33609 3701 W. Nassau Tampa Fl. 33607	732 1/2 N DALE MABRY HWY TAMPA FL 33609 A.P. AUTO TOP SHOP, INC. PO BOX 152379 TAMPA, FL 33684-2379

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/31/1984	3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-2564308	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 3701 W. Nassau	26 above
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Tampa Fl	28 City & State
24 Zip: 33607 25 Country: Hillsboro	29 Zip 30 Country

9. Name and Address of Current Registered Agent

PIEROLA, MARY LOUISE
732 1/2 N DALE MABRY HWY
TAMPA FL 33609

A.P. AUTO TOP SHOP, INC.
PO BOX 152379
TAMPA, FL 33684-2379

10. Name and Address of New Registered Agent

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 _____ (DATE)
(Address, typed or printed name of registered agent and title if applicable) (Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	☐ Change ☐ Addition
NAME	PIEROLA, ARMANDO	12 NAME	Armando + Mary Pierola
STREET ADDRESS	~~732 1/2 N DALE MABRY HWY~~ 3701 W. Nassau A.P. AUTO TOP SHOP, INC.	13 STREET ADDRESS	PO Box 152379
CITY ST ZIP	TAMPA FL 33607 PO BOX 152379 TAMPA, FL 33684-2379	14 CITY ST ZIP	Tampa Fl. 33684-2379
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	PIEROLA, MARY	22 NAME	
STREET ADDRESS	~~732 1/2 N DALE MABRY HWY~~ 3701 W. Nassau A.P. Auto Top Shop, Inc. PO Box 152379	23 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33607 Tampa, Fl. 33684-2379	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	3201 W. Nassau
STREET ADDRESS	A.P. AUTO TOP SHOP, INC.	33 STREET ADDRESS	
CITY ST ZIP	PO BOX 152379 TAMPA, FL 33684-2379	34 CITY ST ZIP	Tampa Fl. 33607
TITLE		41 TITLE	☐ Change ☐ Addition
NAME	3701 W. Nassau	42 NAME	100001498181
STREET ADDRESS		43 STREET ADDRESS	-05/24/95--01055--008
CITY ST ZIP	Tampa Fl. 33607	44 CITY ST ZIP	****200.00 ****200.00
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	REMITTED BY MAY 1
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: Mary Pierola 4-26-95 813 875-5067
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR (Date) (Area Code & Daytime Phone Number)

0203350 CP