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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

H32967 **DOCUMENT #**

(2)

1. Corporation N	lame MUFFLERS, INC.					19101 101 111 111 111 111			
Principal Place o	f Business	Mailing Address					ii itti sii i bil		il Office Block 1801
1825 NW PINE OCALA FL 344	1825 NW PINE AVE OCALA FL 34475	5 NW PINE AVE							
US		US		3. Date Incorporated or Qualified 12/06/1984 3a. Date of Last Report 03/31/1995					
2. Principal Plac	ne of Business	2a. Mailing Address				4. FEI Number			Applied For
1		26				59-2350858 Not Applical # \$8,75 Additional			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired			Required
2 27 27 City & State City & State						6. Election Campaign Financing		\$5.0	00 Мау Ве
City & State		28			Trust Fund Contribution			led to Fees	
Zip Country		Zip Country				This corporation has liability for Florida Statutes	or intangible to	ix under	s 199.032,
4	25	29	30			10. Name and Address of New	Banistered	Agent	
	9. Name and Address of Curre	ent Registered Agent		1	Name	10. Name and Address of New	Tiegistorea	ngoin.	
			°						
DOBBS, MICHAEL			8	2	Street Add	lress (P.O. Box Number is Not Accept	abie)		
	/ PINE AVE		8	3					
OCALA F	FL 34475		_					85	Zip Code
			1	4	City	pration submits this statement for the part of directors. Thereby accept the a	FL	- -	•
12.	Signaturo nyoest de printerlina ne of regisser de él OFFICERS A PTD	AND DIRECTORS	13.			ADDITIONS/CHANGES TO C		D DIREC Chang	
TITLE	DOBBS, MICHAEL	been	1 2 NAN						
NAME STREET ADDRESS	600 NE 55 STR		135TR	E£1	ADDRESS				
City - S1 - ZiP	OCALA FL		14 003	- S	r - ZIP			F7 05	- Addit on
TITLE	VO	DELETE.		TITLE				Chang	ge 🔲 Addition
NAMÉ	CRAWFORD, ROBERT		2 2 NAM						
STREET ADDRESS	600 N.E. 550 ST				ADDRESS				
CITY - ST - ZIP	OCALA FL				51-712			[] Chang	ge 🔲 Addition
TITLE	VSD DORRS LOBI	L.J Dece 10	3 1 TIF 3 2 NAI						
NAME CORECT ADDRESS	DOBBS, LORI 600 NE 55 STR				1 ADDRESS				
STREET ADDRESS	OCALA FL		3.4 Ci1	¥ · S	51 - ZIP				
CITY-ST-ZIP TITLE		☐ DELETE	, 4 1 Tul	LE				☐ Chan	ige Addition
NAME			4.2 NA						
STREET ADDRESS					I ADDRESS				
CITY-ST-2IF		F3 por F35	4 4 CH		51 · ZIP	N - 7 - 141		Chan	nge 🔲 Add tion
TITLE		DELETE	5 1 11		ļ				- -
NAME			52 NA		1 ADDRESS				
STREET ADDRESS					ST-ZIP				
CITY-ST-ZIP		DELETE	6 1 1			2.0		Char	nge 🔲 Addition
THILE			62 NA		1				
NAME STREET ADDRESS			6351	HE E	T ADDRESS				
CITY-ST-ZIP			640	Ţ¥ -	ST ZIP		440.07:00	Plazza A	tabitas I further
OH 1 - 01 - 210				-1 - 1		h. for the exercition statud in Section	T 151 D7 (31(K), 1	rionda S'	เสเบเยร. เสนาเกษร์

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption statud 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 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 certify 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 or changed, or on an attaching it with an address.

SIGNATURE:

ME OF SIGNING OFFICER OR DIRECTOR

3/21/96 (352) 732839