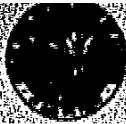


**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 31 AM 10:59

DOCUMENT # H46869

(4)

1. Corporation Name

ZYCH CERTIFIED AUTO REPAIR, APOPKA CHEVRON, INC.

Principal Place of Business

Mailing Address

**545 S ORANGE BLOSSOM TRAIL
APOPKA FL 32703**

**545 S ORANGE BLOSSOM TRAIL
APOPKA FL 32703**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1985

3a. Date of Last Report

03/04/1994

4. FEI Number

52-1390105

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. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZYCH, ROBERT T
344 NORTH LAKE AVE.
APOPKA FL 32703**

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 of person or persons named as registered agent and title of each office)

(If 11. Registered Agent Signature required when terminating)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P

NAME

ZYCH, ROBERT T.

STREET ADDRESS

344 NORTH LAKE AVE

CITY ST ZIP

APOPKA FL

1.2 TITLE

ST

NAME

ZYCH, LUANE

STREET ADDRESS

344 NORTH LAKE AVE

CITY ST ZIP

APOPKA FL

1.3 TITLE

NAME

STREET ADDRESS

CITY ST ZIP

1.4 TITLE

NAME

STREET ADDRESS

CITY ST ZIP

1.5 TITLE

NAME

STREET ADDRESS

CITY ST ZIP

1.6 TITLE

NAME

STREET ADDRESS

CITY ST ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 (072306), 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:

Robert T. Zych

Robert T. Zych

3-2795

407-886-6545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Signature Printed)