FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT** 1992



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 27 1998 8:00am Secretary of State

\$ & R	MENT # JO49 FRONT END AND AUT	O REPAIR, INC.				
Principal Place of Business Mailing Addr						211 41411 91411 8 1811 81811 1981
C/O GARRY W. SMITH 225 SUDDUTH PLACE PANAMA CITY FL 32404		C/O GARRY W. SMITH 225 SUDDUTH PLACE PANAMA CITY FL 32404			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address		·····	03/19/1986 4. FEI Number	Applied For
21		26	26		59-2673132	Not Applicable
Sulte, Apt	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
		27				Fee Required
23	9	├ ── '	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip			Trust Fund Contribution This corporation owes or has paid the cu	Added to Fees
24	25	29	30	,		Yes No
	9. Name and Address of C	urrent Registered Agent			10. Name and Address of New Registered	Agent
22 PA	AITH, GARRY W. 5 SUDDUTH PLACE NAMA CITY FL 32404		81 82 83 84	Street Add	dress (P.O. Box Number is Not Acceptable)	- 1 1
office or n agent. I a SIGNATURE	egistered agent, or both, in the m familiar with, and accept the Signature, typed or printed name of register	obligations of, Section 607.0505, F	Florida Statute	es. 	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the apulied when reinstating? DATE	pointment as registered
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	DP DELETE		1.1 TITLE			Change Addition
NAME	SMITH, GARRY W.		1.2 NAME			
STREET ADDRESS	836 PLANTATION WAY PANAMA CITY FL			T ADDRESS		
CITY-ST-ZIP TITLE	S DE		1.4 CITY - 2.1 TITLE	ST-ZIP		Change Addition
NAME	SMITH, FELICIA W.		2.2 NAME			
STREET ADDRESS	836 PLANTATION WAY		2.3 STREE	1 ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		2. 4 CITY	-ST-ZIP		,
TITLE	☐ DELETE		3.1 TITLE	ŀ		☐ Change ☐ Addition
NAME STREET LEGISSO			3.2 NAME			
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP TITLE	DELETE		3.4. CITY-	-21-71		Change Addition
NAME			4. 2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP	DELETE		5.4 CITY -	ST-ZIP	****	Change Addition
TITLE NAME		C press	6.1 TITLE 6.2 NAME			C credite C Madical)
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			6.4 CITY-	- 1		
	artify that the information augusti	ind with this filing door not qualify			Contine 110 07(2\(ii) Elerida Statutos I further o	Table , that the information

I mereby certify trial trie 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 informatio 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 the attachment with an address.