

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

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SEVEN - 1 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J40387	(9)
1. Corporation Name BONITA MUFFLER SERVICE, INC.	

Principal Place of Business % RONALD JOE TURPEN 26330 OLD 41 ROAD BONITA SPRINGS FL 33923	Mailing Address % RONALD JOE TURPEN 26330 OLD 41 ROAD BONITA SPRINGS FL 33923
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or acquired 10/30/1986	3a. Date of Last Report 05/01/1994
22		27		4. FEI Number 59-2730736	Applied Fee ☐ Not Applicable
23		28		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
24		29		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
25		30		6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☐ No	

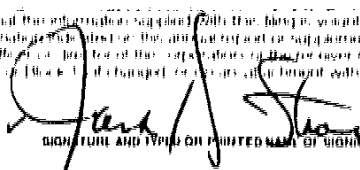
9. Name and Address of Current Registered Agent JACK D. STRONG 26330 OLD 41 ROAD BONITA SPRINGS FL 33923				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.04(2) 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0309, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If Any)	
NAME STREET ADDRESS CITY & STATE	PD STRONG, JACK D. 725 107TH AVE., N. NAPLES FL	NAME STREET ADDRESS CITY & STATE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY & STATE	DST STRONG, TERRY L. 730 107TH AVE., N. NAPLES FL	NAME STREET ADDRESS CITY & STATE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY & STATE		NAME STREET ADDRESS CITY & STATE	☐ Change ☐ Addition
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NAME STREET ADDRESS CITY & STATE		NAME STREET ADDRESS CITY & STATE	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this document is true and correct and that I am duly qualified to be the undersigned as required by the Florida Statutes. I further certify that the information provided on this document is true and correct and that I am duly qualified to be the undersigned as required by the Florida Statutes. I further certify that I am an officer or director of the corporation and have the legal authority to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 13, if changed, or on any subsequent block with an address.

SIGNATURE:  **Jack D. Strong**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR