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FILED  
Apr 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # J43528 (5)  
1. Corporation Name  
MERRITT'S AUTO REPAIR CORPORATION

Principal Place of Business Mailing Address  
578 10TH ST., N. 578 10TH ST., N.  
NAPLES FL 33940- NAPLES FL 33940-



DO NOT WRITE IN THIS SPACE

|                                |  |                        |  |  |  |
|--------------------------------|--|------------------------|--|--|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified                                |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 11/19/1986   |  |
| 22 City & State                |  | 27 City & State        |  | 4. FEI Number  |  |
| 23 Zip                         |  | 28 Zip                 |  | 59-2736029   |  |
| 24 34102                       |  | 29 34102               |  | 5. Certificate of Status Desired                                 |  |
| Country                        |  | Country                |  | X \$8.75 Additional Fee Required                                 |  |
| 25                             |  | 30                     |  | 6. Election Campaign Financing                                   |  |
|                                |  |                        |  | Trust Fund Contribution  |  |
|                                |  |                        |  | 7. This corporation owes or has paid the current year Intangible |  |
|                                |  |                        |  | Personal Property Tax due June 30. X Yes                         |  |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent         |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| RANKIN, DOUGLAS L.<br>590 11TH ST S<br>NAPLES FL 33940- |  |  |  | 81 Name   |  |  |  |
|   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|   |  |  |  | 83  |  |  |  |
|   |  |  |  | 84 City   |  |  |  |
|   |  |  |  | FL 85 34102   |  |  |  |

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   |                        | (NOTE: Registered Agent signature required when reinstating) |  | DATE |  |
| Signature, typed or printed name of registered agent and fee if applicable: |                        |  |  |      |  |
| 12. OFFICERS AND DIRECTORS  |                        |  |  |      |  |
| TITLE   | D                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12        |  |      |  |
| NAME  | BURNETT, JOYCE         | 1.1 TITLE  |  |      |  |
| STREET ADDRESS  | 1467 13TH AVENUE NORTH | 1.2 NAME   |  |      |  |
| CITY-ST-ZIP   | NAPLES FL              | 1.3 STREET ADDRESS   |  |      |  |
|   |                        | 1.4 CITY-ST-ZIP  |  |      |  |
| TITLE   | DVP                    | 2.1 TITLE  |  |      |  |
| NAME  | BURNETT, JERRY         | 2.2 NAME   |  |      |  |
| STREET ADDRESS  | 1467 13TH AVE N        | 2.3 STREET ADDRESS   |  |      |  |
| CITY-ST-ZIP   | NAPLES FL              | 2.4 CITY-ST-ZIP  |  |      |  |
| TITLE   | DT                     | 3.1 TITLE  |  |      |  |
| NAME  | SCOTT, ANNE            | 3.2 NAME   |  |      |  |
| STREET ADDRESS  | 155 ST ANDREWS BLVD    | 3.3 STREET ADDRESS   |  |      |  |
| CITY-ST-ZIP   | NAPLES FL              | 3.4 CITY-ST-ZIP  |  |      |  |
| TITLE   | DS                     | 4.1 TITLE  |  |      |  |
| NAME  | BARKER, VALERA S.      | 4.2 NAME   |  |      |  |
| STREET ADDRESS  | 744 3RD AVENUE, S.     | 4.3 STREET ADDRESS   |  |      |  |
| CITY-ST-ZIP   | NAPLES FL              | 4.4 CITY-ST-ZIP  |  |      |  |
| TITLE   | DP                     | 5.1 TITLE  |  |      |  |
| NAME  | HUGH BARKER            | 5.2 NAME   |  |      |  |
| STREET ADDRESS  | 744 3RD AVE SOUTH      | 5.3 STREET ADDRESS   |  |      |  |
| CITY-ST-ZIP   | NAPLES FL              | 5.4 CITY-ST-ZIP  |  |      |  |
| TITLE   |                        | 6.1 TITLE  |  |      |  |
| NAME  |                        | 6.2 NAME   |  |      |  |
| STREET ADDRESS  |                        | 6.3 STREET ADDRESS   |  |      |  |
| CITY-ST-ZIP   |                        | 6.4 CITY-ST-ZIP  |  |      |  |

14. I hereby certify that the 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 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 Joy D. Burnett # J43528 APR 16 1998 34102

CR2E034 (10/97)