

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J71834 (2)**

1. Corporation Name

**G & R COMPLETE AUTO CARE, INC.**



Principal Place of Business: 1654 SE WALTON RD. PT. ST. LUCIE FL 34952 US  
Mailing Address: 1654 SE WALTON RD. PT. ST. LUCIE FL 34952 US

3. Date Incorporated or Qualified: **05/07/1987**  
3a. Date of Last Report: **06/27/1995**  
4. FEI Number: **59-2808167**  
Applied For:  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: 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country 25  
2a. Mailing Address: 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**FARRELL, RICKEY L.  
1595 PORT ST LUCIE BLVD  
PORT ST LUCIE FL 34952**

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 607.0502 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 re-registering) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------------|---|---|
| TITLE                      | PD <input type="checkbox"/> DELETE  | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>RAKES, RONNIE L.</b>             | 12 NAME   |   |
| STREET ADDRESS             | <b>373 N.E. GULFSTREAM AVE</b>      | 13 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | <b>PORT ST. LUCIE FL</b>            | 14 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | STD <input type="checkbox"/> DELETE | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>RAKES, DIANE M.</b>              | 22 NAME   |   |
| STREET ADDRESS             | <b>373 N.E. GULFSTREAM AVE</b>      | 23 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | <b>PORT ST. LUCIE FL</b>            | 24 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <input type="checkbox"/> DELETE     | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 32 NAME   |   |
| STREET ADDRESS             |                                     | 33 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |                                     | 34 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <input type="checkbox"/> DELETE     | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 42 NAME   |   |
| STREET ADDRESS             |                                     | 43 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |                                     | 44 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <input type="checkbox"/> DELETE     | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 52 NAME   |   |
| STREET ADDRESS             |                                     | 53 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |                                     | 54 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <input type="checkbox"/> DELETE     | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 62 NAME   |   |
| STREET ADDRESS             |                                     | 63 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |                                     | 64 CITY-ST-ZIP  |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Diane M. Rakes 7-30-96 561-337-0652  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Issuance/ Filing #

CR2E034 (3/96)