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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # J84378

(5)

LAWRENCE'S CAR CARE CENTER, INC.

FILED May 12 1997 8:00am Secretary of State



. 4	e of Business	Mailing Address			imit Biñit Bifil ainii Mihit	Billis Indi
TARRON SPAIN	HUNAY 19. ANORTH NGS PL 34089	AND AS MICHAEL TO SEE	ORTH ON ME			
3713 A	LT. 19 North	37/3 ALT. 1	q North			
PALM F	1Atbor, 12.34683	37/3 ALT. 11 PALM HATA	or 12.34683	 Date Incorporated or Qualified 07/17/1987 	3a. Date of Last F 05/01/1996	Report
	lace of Business	2a. Mailing Address	- 10 11 /2	4. FEI Number		pplied For
11 3//	3 ALT, 19 North		T 19 NotTh	59-2848301		ot Applicabl
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional equired
City & State	e 11. 1 C1	City & State	. /	6. Election Campaign Financing	\$5.00	May Be
BALA	U HAT BOT FLI		Country	Trust Fund Contribution	***************************************	to Fees
3468		Zip 29 3 4683	30 PINELLAS	8. This corporation has liability for in Florida Statutes	itangible tax under s Yes 🔲 No	s. 19 9.032,
71 50	9. Name and Address of Currer			10. Name and Address of New Reg	Istered Agent	
LAW	RENCE, AL		81 Name A	L LAWIENCE		
			82 Street Add	ress (P.O. Box Number is Not Acceptable	۸۱	
TAR	U.S. HIGHWAY 19 NORTH PON SPRINGS FL		371		0)	
3717	3 ALT. 19 North		83			***************************************
D. /	a production	00				
MAL	M HArbot FL. 346	78 J	84 City (D)	Al M HALLAT FI	FI 85 42	Code ∠ 4 3
11 Pursuant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statute	s the above-named corr	poration submits this statement for the pu	rnose of changing	its registere
office or r	egistered agent, or both, in the State	e of Florida. Such change was a	uthorized by the corpora	ition's board of directors. I hereby accept	the appointment as	registered
agent. Fa	m familiar with, and accept the oblig	ations of Section 607.0505, Flor	rida Statutes.			
SIGNATURE		4.045			DATE	
	Signature, typied or printed name of registered age		: Registered Agent signature requi	rea when reinstating)		
			I 49	ADDITIONS/CHANGES TO OFFICE	このぐ ふんい いいじにつてつい	DC IN 12
		ID DIRECTORS	13,	ADDITIONS/CHANGES TO OFFICE	····	
TITLE	DP	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	
TI ^V LE NAME	DP LAWRENCE, AL	······································	1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICE	····	
TI ^Y LF NAME	DP Lawrence, Al 210 Earl Street	······································	1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	····	
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To hereby certify that the mioritation supplies with this similar does not qualify that exemption radicated 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; the Lam 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 chapted, or on an attachment with an address.

SIGNATURE:

TO THE DESCRIPTION OF THE PROPERTY OF THE PROP

4-25-97

813-938-3912