

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # K20177

(7)

1. Corporation Name

SUNSET AUTO REPAIR, INC.



Principal Place of Business

% JACKSON L. BOUGHNER  
5950 SHIRLEY ST  
NAPLES FL 33942

Mailing Address

% JACKSON L. BOUGHNER  
5950 SHIRLEY ST  
NAPLES FL 33942

2. Principal Place of Business

3a. Mailing Address

21 6288 LEE-ANN LANE

26 6288 LEE-ANN LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 NAPLES, FL.

28 NAPLES, FL.

24 Zip

Country

29 Zip

Country

33942

COLLIER

33942

COLLIER

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/04/1988

3a. Date of Last Report

03/01/1995

4. FET Number

65-0046279

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

HEDRICK, SCOTT A.  
5950 SHIRLEY ST  
NAPLES FL 33942

81 Name

HEDRICK, SCOTT A.

82 Street Address (P.O. Box Number is Not Acceptable)

6288 LEE-ANN LANE

83

84 City

NAPLES

FL

85 Zip Code

33942

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

*Scott A. Hedrick*

SCOTT A. HEDRICK

3/22/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when not changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
HEDRICK, SCOTT A.  
STREET ADDRESS 5950 SHIRLEY ST  
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME D  
HEDRICK, DONNA  
STREET ADDRESS 5950 SHIRLEY ST  
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

6288 LEE-ANN LANE

14 CITY-ST-ZIP

NAPLES, FL. 33942

2. 1 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

6288 LEE-ANN LANE

24 CITY-ST-ZIP

NAPLES, FL. 33942

3. 1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4. 1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5. 1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6. 1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*Scott A. Hedrick*

SCOTT A. HEDRICK

3/22/96

941

566-1443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)