

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K84039**

(2)

1. Corporation Name

M. J. BOBB REPAIR, INC.



Principal Place of Business

**2426 SUNRISE BLVD.
FORT MYERS FL 33907**

Mailing Address

**2426 SUNRISE BLVD.
FORT MYERS FL 33907**

3. Date Incorporated or Qualified
04/28/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOBB, MICHAEL J.
2426 SUNRISE BLVD.
FT. MYERS FL 33907**

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 607.0507 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

Signature typed or printed name of registered agent (and should accompany)

(If Officer Registered Agent Signatures are pasted when filed, then)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

NAME

**BOBB, MICHAEL J.
2426 SUNRISE BLVD.
FT. MYERS FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

**BOBB, KATHRYN W.
2426 SUNRISE BLVD.
FT. MYERS FL**

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

1. TITLE

☐ Change ☐ Addition

2. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

2. TITLE

☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

3. TITLE

☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

4. TITLE

☐ Change ☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

5. TITLE

☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

6. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Bobb

4/22/96

(941) 275-7139

DATE DAYTIME PHONE

CR2E034 (12/95)