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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 33907-4343

3. Date Incorporated or Qualified
04/28/1989

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22 5964 BAKER CT

City & State

27 5964 BAKER CT,

City & State

23 FT MYERS, FL

Zip

Country

28 FT. MYERS, FL

Zip

Country

24 33919

25

LEE

29 33919

30

LEE

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name MICHAEL J. BOBB
82 Street Address (P.O. Box Number is Not Acceptable)
5964 BAKER CT
83 FT. MYERS
84 City FL
85 Zip Code 33919

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	BOBB, MICHAEL J.	
STREET ADDRESS	2426 SUNRISE BLVD.	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	D	DELETE
NAME	BOBB, KATHRYN W.	
STREET ADDRESS	2426 SUNRISE BLVD.	
CITY - ST - ZIP	FT. MYERS 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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: KATHRYN W. BOBB
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

428-97 941-275-7139
Date Daytime Phone

CR2E034 (9/96)