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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

···	1996	996 DIVISION OF CORPOR		RATIO	SNC				
DOCU 1. Corporation	MENT #	L09553	(3)						
TAMPA	FLEET SERVI	CE PAINT & BO	DDY, INC.				1		
Principal Place	e of Business	Mailing Address				1 (38)(FB)( 6)( 63/10 (3)(6) 6)(\$( 6)(6) (		0/0/6 0/0/1 0/0/1 40%	
2004 SOUTH 51ST. ST. TAMPA FL 33619 US			%WALTER SANDERS 13910 N. DALE MABRY STE. 1 TAMPA FL 33618						
							3. Date Incorporated or Qualified	3a. Date of	
2. Principal Pl	lace of Business		2a. Mailing Address				08/16/1989 4. FEI Number	05/01	/1995 Applied For
21			26				59-2990895		Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		8.75 Additional
Orty & State	9		City & State				6. Election Campaign Financing		Fee Required
23			28				Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip <b>24</b>	<b>⊢</b> −¬	ountry	Zip		untry		8. This corporation has liability for i		
24	9. Name and /	Address of Current	29  Registered Agent	30	Ţ		Florida Statutes Yes  10. Name and Address of New R		
					81	Name	in. Hame and Address of New Fe	egistered Age	3111
SANDERS, WALTER						Street Ado	iress (P.O. Box Number is Not Acceptab	(0)	
13910 N. DALE MABREY HWY. STE. 1					82		1033 (1.0. DOX HISTIDO TO NOT ACCEPTAD		
tampa fl	L 33618				83				
		Λ			84	City		E1 8	IS Zip Code
11. Pursuant t	to the provisions of	Sections 677.0502 ar	nd 607.1508, Florida Statul	tes, the abo	ll	anned corpo	oration submits this statement for the pur	FL Cose of changi	na its registered office
or register familiar wit	red agent, or With, th, and agent the	in the Stalf of Florida. obligations of, Section	. Such change was authoriz i 607.0505, Florida Statute:	zed by the d s.	corpo	oration's boa	oration submits this statement for the pur ard of directors. I hereby accept the appo	pose di changi pintment as reg	istered agent. I am
SIGNATURE		Sunde	is)					2/12/91	<u> </u>
12.	Signator type or printer	OFFICERS AND [		OTE: Registered	Agent	l signature requir	od when reinstating)	DATE	
TITLE	P	ON TOUTHORN I	DELETE	1.1 7	ITLE.	<del></del>	ADDITIONS/CHANGES TO OFFI		RECTORS IN 12 hange
NAME	TICHENOR, JIN	MY	_	1.2 N/		}		L. 4	nunge [] Rounten
STREET ADDRESS	507 BRENTWO	OD PLACE		1.3 \$1	TREET.	ADDRESS			
CITY-ST-ZIP	BRANDON FL	33511	Fin Dr. Pro		TY - S1	- ZIP			
TITLE NAME			DELETE	2 1 1					hange 🔲 Addition
STREET ADDRESS				22 N/		ADDRESS			
CITY-ST-ZIP				2400		]			
THILE			☐ DELETE	3 1 71					hange Addition
NAME				3.2 NA	AME				
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP TITLE			DELETE	3.4 Cl <sup>-</sup> 4. 1 Tl		- 7IP		<b>-</b>	honno Fil Addition
NAME				4 2 NA				□ c	hange
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP				4.4 01	TY-ST	-ZIP			
TITLE			□ DELETE	5. 1 Ti	T L.E			□ c	nange 🔲 Addition
NAME CLOSET ADORSOO				5 2 NA					,
STREET ADDRESS CITY-S1-ZIP						ADORESS			
TITLE			DELETE.	5.4 CIT 6. 1 TI		- 212		[ ] C	nange 🗂 Addition
NAME				6 2 NA					·····Ba [1] Variation
STREET ADDRESS				6351	AEE1 A	ADDRESS			
CITY-ST-ZIP				6 4 CIT	Y-ST	- ZiP			
certify that oath; that I appears in	y certify that the info the information inst am an officer of di Block 12 or Block	provation is upplied with Cated on this annual rector of the corporati 13 if phanged, or on a	n this filing is voluntarily furni report or supplemental ann on or the speiver or truste an attachnigh, with an addr	iished and c ual report is e empower ess.	does true ed to	not qualify for and accurate the execute this	or the exemption stated in Section 119.0 to and that my signature shall have the s s report as required by Chapter 607, Flo	7(3)(k), Florida ame legal effec ida Statutes; a	Statutes. I further ot as if made under and that my name

SIGNATURE: TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR