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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Socretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # L37245

(2)

AA	AUTO) CLINIC	: INC.

SIGNATURE:

Principal Place of Business Mailing Address							
HIGHWAY 20 E NICEVILLE FL 32578		HIGHWAY 20 E NICEVILLE FL 32578					
					3. Date Incorporated or Qualified 12/19/1989	3a. Date of Lat 05/01	
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	00/01/	Applied For
1		26			59-2987403	<u> </u>	Not Applicable
Suite, Apt, #	, etc.	Suite, Apt. #, etc.	M		5. Certificate of Status Desired		.75 Additional ee Required
City & State		City & State	T		6. Election Campaign Financing Trust Fund Contribution	A∈	5.00 May Be dded to Fees
Zip 4	Country 25	Zip [29]	30 Coun	try	8. This corporation has liability for in Florida Statutes Yes	No	ers 199.032,
	9. Name and Address of Curren	t Registered Agent		ar-::	10. Name and Address of New Re	egistered Agent	
				Name			
	BOBBY G.		8	32 Street Add	lress (P.O. Box Number is Not Acceptable	le)	
	Y 20 EAST			33	· · · · · · · · · · · · · · · · · · ·		
NICEVIL	LE FL 32578			13			
			Ε	34 City		85	Zip Code
11. Pursuant to	the provisions of Sections 607 0502	and 607 1508 Florida Statut	too the above		oration submits this statement for the purp and of directors. I hereby accept the appo	FL "	
s	Ay ature, typed or printed name of registered agont. OFFICERS AND		OTE Registered A	gent signature require		DATE CERS AND DIREC	TODS IN 12
SIGNATURE s					co when rainstating? ADDITIONS/CHANGES TO OFFICE	CERS AND DIREC	
SIGNATURE -s 2.	OFFICERS AND	DIRECTORS	13.	E			
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Basey A. Roman Present 30 Aug 6 904 - 678-3404
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date