

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 # **L50371** (8)

1. Corporation Name
FAGAN'S AUTO REPAIR, INC.



Principal Place of Business

**913 CONTRY CLUB BLVD
CAPE CORAL FL 33990
US**

Mailing Address

**LOREN FAGAN
1222 SE 26TH TERR
CAPE CORAL FL 33904
US**

3. Date Incorporated or Qualified
02/12/1990

3a. Date of Last Report
02/22/1995

2. Principal Place of Business

21 **SAME**
State, Apt. #, etc.

2a. Mailing Address

26 **SAME**
Suite, Apt. #, etc.

4. FEI Number
65-0177797

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FAGAN, LOREN
1222 SE 26TH TERR
CAPE CORAL FL 33904**

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 607.0502 and 607.1506, 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 of agent or officer of corporation (required when not state agent)

(2000) Registered Agent signature required when not state agent

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

NAME
**PST
FAGAN, LOREN
1222 SE 26 TERR
CAPE CORAL FL**

1.2 STREET ADDRESS

1.3 CITY - ST - ZIP

1.4 TITLE

NAME

1.5 STREET ADDRESS

1.6 CITY - ST - ZIP

1.7 TITLE

NAME

1.8 STREET ADDRESS

1.9 CITY - ST - ZIP

1.10 TITLE

NAME

1.11 STREET ADDRESS

1.12 CITY - ST - ZIP

1.13 TITLE

NAME

1.14 STREET ADDRESS

1.15 CITY - ST - ZIP

1.16 TITLE

NAME

1.17 STREET ADDRESS

1.18 CITY - ST - ZIP

1.19 TITLE

NAME

1.20 STREET ADDRESS

1.21 CITY - ST - ZIP

1.22 TITLE

NAME

1.23 STREET ADDRESS

1.24 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

2.5 TITLE

2.6 NAME

2.7 STREET ADDRESS

2.8 CITY - ST - ZIP

2.9 TITLE

2.10 NAME

2.11 STREET ADDRESS

2.12 CITY - ST - ZIP

2.13 TITLE

2.14 NAME

2.15 STREET ADDRESS

2.16 CITY - ST - ZIP

2.17 TITLE

2.18 NAME

2.19 STREET ADDRESS

2.20 CITY - ST - ZIP

2.21 TITLE

2.22 NAME

2.23 STREET ADDRESS

2.24 CITY - ST - ZIP

2.25 TITLE

2.26 NAME

2.27 STREET ADDRESS

2.28 CITY - ST - ZIP

2.29 TITLE

2.30 NAME

2.31 STREET ADDRESS

2.32 CITY - ST - ZIP

2.33 TITLE

2.34 NAME

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:

Loren D. Fagan PRES. LOREN D. FAGAN 2-13-93

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Print Code

941-772-5933

CR2E034 (12/95)