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Secretary of State
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PROFIT CORPORATION ANNUAL REPORT
2000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L78475

Corporation Name
GEORGE & SONS CAR CARE CENTER, M.S.H., INC.

[redacted]

Principal Place of Business: ~~5400 66TH ST NORTH~~ ~~ST PETERSBURG FL 33709~~

Mailing Address: ~~5400 66TH ST NORTH~~ ~~ST PETERSBURG FL 33709~~

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business: 7603 46 TH AVE N	2a. Mailing Address: SAME
Suite, Apt #, etc	26 / 27 Suite, Apt #, etc
City & State: ST. PETERSBURG FL	28 City & State
Zip: 33709 / 25 Country: USA	29 Zip

3. Date Incorporated or Qualified: 06/07/1990

4. FEI Number: 59-3025551 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

7. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**

~~LOVE, RANDALL~~
~~200 CENTRAL AVE~~
~~SUITE 2300~~
~~ST PETERSBURG FL 33731~~

10. **Name and Address of New Registered Agent**

81 Name: MARTIN GEORGE
82 Street Address (P.O. Box Number is Not Acceptable): 7603 46 TH AVE N
83
84 City: ST. PETERSBURG FL 85 Zip Code: 33709

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 X Debra E Martin — Signature, typed or printed name of registered agent and title if applicable — DATE (required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	TITLE	☐ Change ☐ Addition
NAME	MARTIN, GEORGE D.	NAME	
STREET ADDRESS	~~5400 66TH ST. N.~~ 7603 46 TH AVE N	STREET ADDRESS	
CITY-ST-ZIP	~~ST. PETERSBURG FL~~ 33709	CITY-ST-ZIP	
TITLE	D ☐ DELETE	TITLE	☐ Change ☐ Addition
NAME	MARTIN, DEBRA E.	NAME	
STREET ADDRESS	~~5400 66TH ST. N.~~ 7603 46 TH AVE N	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~ST. PETERSBURG FL~~ 33709	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

14. I 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, with all other like empowered.

SIGNATURE X Debra E Martin 5-24-00