FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M90354** **(5)**

1. Corporation Name

AUTO TECH II, INCORPORATED

Principal Place of Business	Mailing Address
BOX 1172 INDIAN RKS BCH FL 34635	ONE 19TH AVE UNIT 3 INDIAN RKS BCH FL 34635 US

2. Principal Place of Business	2a. Mailing Address
21 One 19th Ave	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Unit 3	27
City & State	City & State
23 INDIAN Rocks Beach, FL	28
Zip / Country	Zip / Country
24 34635 / 25 Pinellas	29 / 30

3. Date Incorporated or Qualified: **07/20/1988**

3a. Date of Last Report: **04/24/1995**

4. FEI Number: **59-2899004** ☐ 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

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

9. Name and Address of Current Registered Agent

HAWKINS, MARY LYNNE
ONE-19TH AVE.
UNIT III
INDIAN RKS BCH FL 34635

10. Name and Address of New Registered Agent

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 607.1508, 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: If registered Agent is signing, must be Individual) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HAWKINS, LONNIE		1.2 NAME		
STREET ADDRESS	ONE 19TH AVE UNIT 3		1.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH FL		1.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	2.1 TITLE	S/T	☐ Change ☒ Addition
NAME	WILLIAMS, DONALD S.		2.2 NAME	HAWKINS, LONNIE	
STREET ADDRESS	1931 RIPON DRIVE		2.3 STREET ADDRESS	One 19th Ave Unit 3	
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	INDIAN Rocks Beach, FL 34635	
TITLE	SD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, ELEANOR		3.2 NAME		
STREET ADDRESS	1931 RIPON DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		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 (12/95)

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 added on an attachment with an address.

SIGNATURE: Lonnie Hawkins 3/5/96 (813)536-5823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #