

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sander B. Montham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # P92000000361 (5)

1. Corporation Name:

B & L AUTO SERVICES, INC.

95 MAY -1 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business:

111 N ORLANDO AVE
MAITLAND FL 32751
US

Mailing Address:

1420 HEIRLOOM DRIVE
ORLANDO FL 32808

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated or Qualified
10/13/1992

3a. Date of Last Report
05/01/1994

4. FEI Number
59-3145606

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 ss. 192-193,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Operation:

21. Suite, Apt. #, etc.

2a. Mailing Address:

25. Suite, Apt. #, etc.

23. City & State:

27. City & State:

24. City:

25. State:

29. City:

30. State:

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEDINI, BART
1420 HEIRLOOM DRIVE
ORLANDO FL 32818

81. Name:

82. Street Address (P.O. Box Number is Not Acceptable):

83. City:

84. State:

FL

85. Zip Code:

11. Pursuant to the provisions of Sections 607.0607 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 607.0605, Florida Statutes.

SIGNATURE:

(Signature of Agent or Agent designated by the corporation)

(Signature of Agent or Agent designated by the corporation)

(Signature of Agent or Agent designated by the corporation)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
BEDINI, BART
1420 HEIRLOOM DR
ORLANDO FL 32818

14. TITLE
15. NAME
16. STREET ADDRESS
17. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
MAREK, LAURA
1420 HEIRLOOM DR
ORLANDO FL 32818

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY, ST, ZIP

☐ Change ☐ Addition

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 191.037(1)(b), 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 in the manner or function represented to execute this report as required by Chapter 187, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

(Signature of Officer or Director)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

407-539-1198