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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P9200006379 (1)

DOCUMENT # 1. Corporation Name

JAY STUTZMAN AUTO REPAIR, INC.



Principal Place o	of Business	Mailing Address					
2136 13TH ST SARASOTA FL		862 VIRGINIA DRIVE SARASOTA FL 3423					
US					3. Date incorporated or Qualified 11/19/1992	3a. Date of Last Report 05/01/1995	
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number	Арр	oled For
		26	26		65-0369887 Not Applicate		Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.	k		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	-—		Election Campaign Financing Trust Fund Contribution	S \$5.00 May Be Added to Fees	
Zip Country 4 25		Ζ _I ρ 29	<u>, </u>		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No		
1	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New R	egistered Agent	
			8	1 Name			
STUTZMAN, JAY H 862 VIRGINIA DRIVE					idress (P.O. Box Number is Not Acceptab	le)	
SARASO	TA FL 34234		8	3			
			E	4 City		FL 85 Zip C	Sode
SIGNATURE		ND DIRECTORS	13.		ured whor reinstaling ADDITIONS/CHANGES TO OFF		
TITLE	PS OF TOUR A	DELETE	1 1 TiT	E			Addition
NAME	STUTZMAN, JAY H	_	1.2 NAN	E			
STREET ADDRESS	862 VIRGINIA DR		13 STR	EL! ADORESS			
CITY-ST-ZIP	SARASOTA FL		14011	-ST-ZIP			
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AME	STUTZMAN, LAURA L.		2 2 NAN	E			
STREET ADDRESS	862 VIRGINIA DR			FET ADDRESS			
CITY-ST-ZIP	SARASOTA FL	t locate		-SI-ZiP		Change	Addition
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NAMÉ			62 NA				
STREET ADDRESS				EFT ADDRESS			
CITY - ST - ZIP		od with this files is voluntarily		Y-ST-ZIP	fy for the exemption stated in Section 119	07/3\(\)k\ Elorida Statute	s. I further

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quarry for the exemption stated in Section 119.07(3)(ii). Florida Statutes, I have 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

PRES. 4-26-96 941-951-7762