FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPÓRATIONS

FILED

May 06 1997 8:00am

Secretary of State

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DOCUMENT # P9200006833 (7)

JOHN'S AUTO SERVICE OF HOLIDAY, FL, INC.

Principal Place of Business Mailing Address							
BROOKSVILLE US		640 S. BROAD ST. BROOKSVILLE FL 34601 US	OOK\$VILLE FL 34601-2861				
					3. Date Incorporated or Qualified 11/16/1992	3a. Date of La 05/01/19	
2. Principal Place of Business		2a. Mailing Address		FO 0440049		Applied For	
Sulte, Apt. #, etc.		Suite, Apt. #, ctc.					
22		27	F		5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State		City & State	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Ζίρ 24	·		Oountry		8. This corporation has liability for intangible tax under s. 199,032, Florida Statutes Yes No		
24]	p. Name and Address of Curre	29 nt Registered Agent	30	***************************************	10. Name and Address of New Reg		
401	IN LAKATOS JR		81	Name	10, Hame and Addison of New Ho	gratorou Agont	
	S BROAD ST		00				
	OKSVILLE FL 34601		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	
:			83				
			84	City		FL 85	Zip Code
11. Pureuant office or agent. I a	im tamiliar with, and accept the oblig	gations of, Section 607.0505,	Florida Statutes.	•	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of chang I the appointmen	ing its registered at as registered
12.	Signature, typod or printed name of registered ap	ID DIRECTORS	OTE Registered Ager	il signature requi		DATE	7000 111 40
TITLE	DP DELETE		13.	Т	ADDITIONS/CHANGES TO OFFIC	Cha	
NAME	LAKATOS, JOHN S JR		1.2 NAME			One	
STREET ADDRESS 640 S. BROAD ST.			1.3 STREET ADDRESS				
CITY-ST-ZIP BROOKSVILLE FL			1.4 CHTY - \$1 - ZIP				
TITLE	ST	☐ DELFT€	2.1 TITLE			☐ Cha	nge Addition
NAME	LAKATOS, ELIZABETH A		2.2 NAME				
STREET ADDRESS	640 S. Broad St. Brooksville Fl		2.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	DROUKSVILLE PL	Dorigic	2. # CITY - S1	I-ZIP			T 77.00
NAME	DELETE		3.1 TITLE 3.2 NAME			Cha	nge Addition
STREET ADDRESS			3.2 NAME 3.3 STREET A	DOBECC			
CITY-ST-ZIP			3.4 CITY-S1	i			
TITLE	DELETE		4.1 TITLE			☐ Cha	nge Addition
NAME	NAME		4. NAME				
STREET ADORESS			4.3 STREET A	ADDRESS			
CITY-ST-ZIP			4.4 CHY-ST	- 7IP			
TITLE		D£LETE	5.1 100.6			☐ Cha	nge 🔲 Addition
NAME			5.2 NAME	•			
STREET ADDRESS			5 3 STREET A	ODRESS			
CITY-ST-ZIP		<u> </u>	5.4 CITY-ST	- Z IP			
TITLE		DELETE	6.1 TITLE			☐ Cha	nge Addition
ALCA OP							

6.4 CITY-ST-ZIP

16. I do 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