



FILED
May 08 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | May 08 1997 8:00am Secretary of State | |
| DOCUMENT # P92000010341 (5) | | | | | |
| 1. Corporation Name FRANKLIN'S AUTOMOTIVE REPAIR, INC. | | | | | |
| Principal Place of Business 9601 CYPRESS LAKE DR FT. MYERS FL 33919 US | | Mailing Address 9601 CYPRESS LAKE DR FT. MYERS FL 33919-4916 US | |  | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 12/09/1992 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 3a. Date of Last Report 04/16/1996 | |
| 22 City & State | | 27 City & State | | 4. FEI Number 65-0373176 | |
| 23 Zip | | 28 Zip | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | |
| 24 Country | | 29 Country | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent MULVIHILL, FRANKLIN S 916 ALTADENA DR FT MYERS FL 33919 | | 10. Name and Address of New Registered Agent | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 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. | | 81 Name | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| SIGNATURE: _____ | | 83 _____ | | 84 City | |
| Signature, typed or printed name of registered agent and title if applicable | | (NOTE: Registered Agent signature required when reappointing) | | DATE | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | | |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | | |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | | | |
| 14. 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 appears in Block 12 or Block 13, if changed, or on an attachment with an address. | | | | | |
| SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date _____ Daytime Phone # _____ | | | | | |