

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

**APPROVED AND FILED**

**MAY 23 11:10:15**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Sarala B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # P93000003357 (9)**

1. Corporation Name

**ACE AUTOMOTIVE REPAIR, INC.**

Principal Place of Business

Mailing Address

**6326-2 BEACH BLVD.  
JACKSONVILLE FL 32207**

**6326-2 BEACH BLVD.  
JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 3b. Date of Last Report

**01/11/1993**

**10/18/1994**

4. FEI Number

**59-3166584**

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 enterprise tax under the 1994 (1995) Florida Statutes.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21. State Apt. # etc

26. State Apt. # etc

22. City & State

27. City & State

24. City

25. County

29. City

30. County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLARK, ROSS T  
1558 SAN MARCO BLVD.  
JACKSONVILLE FL 32207**

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 607.0507 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 607.0508, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent's authorized member

Signature of Registered Agent or authorized member

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

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12a. NAME 12b. STREET ADDRESS 12c. CITY 12d. STATE 12e. ZIP CODE 12f. TITLE 12g. TERM BEGINS 12h. TERM ENDS	13a. NAME 13b. STREET ADDRESS 13c. CITY 13d. STATE 13e. ZIP CODE 13f. TITLE 13g. TERM BEGINS 13h. TERM ENDS <input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I certify by filing that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0508 Florida Statutes. I further certify that the information included in this annual report or supplementary report and change of address and that this separate shall have the same legal effect as if made under oath. That I am an officer or director of the corporation as the name of officer or director is proposed to execute this report as required by Chapter 607 Florida Statutes, and that my name appears in Block 12, or Block 13 of this report, and that I am not a resident of Florida.

**SIGNATURE:**

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR