

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


FILED

Jan 23, 1999 8:00am  
Secretary of State

01-23-1999 90006 013 \*\*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P93000006419</b>					
1. Corporation Name <b>PROFESSIONAL AUTOMOTIVE DIAGNOSTICS, INC.</b>					
Principal Place of Business <b>8403 LITTLETON RD. N. FT. MYERS FL 33903</b>			Mailing Address <b>8403 LITTLETON RD. N. FT. MYERS FL 33903</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/26/1993</b>	
21		26		4. FEI Number <b>65-0378164</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		9. Name and Address of Current Registered Agent	
Zip		Country		29	
24		30		10. Name and Address of New Registered Agent	
25		31		81 Name	
26		32		82 Street Address (P.O. Box Number is Not Acceptable)	
27		33		83	
28		34		84 City	
29		35		85 Zip Code	
30		36		86	
31		37		87	
32		38		88	
33		39		89	
34		40		90	
35		41		91	
36		42		92	
37		43		93	
38		44		94	
39		45		95	
40		46		96	
41		47		97	
42		48		98	
43		49		99	
44		50		100	

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DONEY, GARY A</b>	
STREET ADDRESS	<b>2213 NE 15TH PLCE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33909</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DONEY, SUSAN M</b>	
STREET ADDRESS	<b>2213 NE 15TH PLACE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33909</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: **GARY A. DONEY, SR.** *Gary A. Doney, Sr.* 1/27/99 941-997-3203  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)