


FILED

Jan 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <div style="text-align: center; font-size: 1.2em; font-weight: bold;">1997</div>		<div style="text-align: right;"> FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS </div>
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> DOCUMENT # P93000010213 (5) 1. Corporation Name ASSURED AUTO REPAIR, INC. </div> </div>		
Principal Place of Business 2588-3 TARA LEE ST. FT. MYERS FL 33916 US		Mailing Address 2739 COLONIAL BLVD. SUITE 202 FT. MYERS FL 33907-1633
2. Principal Place of Business <div style="border: 1px solid black; padding: 2px;">21</div> Suite, Apt. #, etc. <div style="border: 1px solid black; padding: 2px;">22</div> City & State <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">23</div> Zip <div style="border: 1px solid black; padding: 2px;">25</div> Country </div> <div style="border: 1px solid black; padding: 2px;">24</div>	2a. Mailing Address <div style="border: 1px solid black; padding: 2px;">26</div> Suite, Apt. #, etc. <div style="border: 1px solid black; padding: 2px;">27</div> City & State <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">28</div> Zip <div style="border: 1px solid black; padding: 2px;">29</div> Country </div> <div style="border: 1px solid black; padding: 2px;">30</div>	
9. Name and Address of Current Registered Agent		
SLAGLE, DAVID R 2739 COLONIAL BLVD. SUITE 202 FT. MYERS FL 33907		<div style="border: 1px solid black; padding: 2px;">81</div> Name <div style="border: 1px solid black; padding: 2px;">82</div> Street Address <div style="border: 1px solid black; padding: 2px;">83</div> <div style="border: 1px solid black; padding: 2px;">84</div> City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.		
SIGNATURE _____ (NOTE: Registered Agent signature required)		
12. OFFICERS AND DIRECTORS		
<div style="border: 1px solid black; padding: 2px;">TITLE</div> D <input type="checkbox"/> DELETE <div style="border: 1px solid black; padding: 2px;">NAME</div> SLAGLE, DAVID R <div style="border: 1px solid black; padding: 2px;">STREET ADDRESS</div> 2739 COLONIAL BLVD. <div style="border: 1px solid black; padding: 2px;">CITY - ST - ZIP</div> FT. MYERS FL 33907	13. <div style="border: 1px solid black; padding: 2px;">1.1 TITLE</div> <div style="border: 1px solid black; padding: 2px;">1.2 NAME</div> <div style="border: 1px solid black; padding: 2px;">1.3 STREET ADDRESS</div> <div style="border: 1px solid black; padding: 2px;">1.4 CITY - ST - ZIP</div>	
<div style="border: 1px solid black; padding: 2px;">TITLE</div> <input type="checkbox"/> DELETE <div style="border: 1px solid black; padding: 2px;">NAME</div> <div style="border: 1px solid black; padding: 2px;">STREET ADDRESS</div> <div style="border: 1px solid black; padding: 2px;">CITY - ST - ZIP</div>	<div style="border: 1px solid black; padding: 2px;">2.1 TITLE</div> <div style="border: 1px solid black; padding: 2px;">2.2 NAME</div> <div style="border: 1px solid black; padding: 2px;">2.3 STREET ADDRESS</div> <div style="border: 1px solid black; padding: 2px;">2.4 CITY - ST - ZIP</div>	
<div style="border: 1px solid black; padding: 2px;">TITLE</div> <input type="checkbox"/> DELETE <div style="border: 1px solid black; padding: 2px;">NAME</div> <div style="border: 1px solid black; padding: 2px;">STREET ADDRESS</div> <div style="border: 1px solid black; padding: 2px;">CITY - ST - ZIP</div>	<div style="border: 1px solid black; padding: 2px;">3.1 TITLE</div> <div style="border: 1px solid black; padding: 2px;">3.2 NAME</div> <div style="border: 1px solid black; padding: 2px;">3.3 STREET ADDRESS</div> <div style="border: 1px solid black; padding: 2px;">3.4 CITY - ST - ZIP</div>	
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.		
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> SIGNATURE: _____ <div style="text-align: center; margin-top: 10px;"> DAVID R. SLAGLE </div> </div> <div style="text-align: right; font-size: 0.8em;"> 1- </div> </div>		



CR2E034 (9/96)