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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # **P93000010213 (5)**

ASSURED AUTO REPAIR, INC.

Principa: Place of Business 2588-3 TARA LEE ST. FT. MYERS FL 33916 US		Making Address 2739 COLOMAL BLVD. SUITE 202 FT MYFRS FL 33907-163	2739 COLONIAL BLVD.		1 10 6 11 10 10 10 10 11 11 11 1 4 5 11 1 5 4 11 1	bhiol (1914 Stite Wed) Heal	W austa LAMA
00			•		3. Date Incorporated or Qualified 02/03/1993	3a. Date of Last R 05/01/1996	Report
2. Principal Pi	lace of Business	2s. Mailing Address	28. Mailing Address		4. FEI Number		pplied For
21		26	-··· <u>-</u>		65-0391551	No.	ot Applicable
Surte, Apl	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
City & State		Chull State	City & State				equired
23		28			Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	Zip			Trust Fund Contribution LJ Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30		Florida Statutes X Yes No		
1	9. Name and Address of Cur	rent Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Re	pistered Agent	
	BLE, DAVIO R		61	Name			
	COLONIAL BLVD.		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	
	E 202				7-17-1		
FT. N	AYERS FL 33907		83				
			84	City		FL 85 Zip	Code
44 6	60 60 6046	1500 and 607 (500 File ide Chal			poration submits this statement for the p		do somistand
office or r	egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such change was digations of, Section 607,0505, I	s authorized by Florida Statute	y the corpora s.	tion's board of directors. I hereby accep	of the appointment as	s registered
	Signature: typed or profind name of registered	agent and five if applicable (NO AND DIRECTORS	OTE Registered Age	ent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	DC IN 12
TOLE	D	AND DIRECTORS DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME	SLAGLE, DAVID R		1.2 NAME	1			
STREET ADDRESS	2739 COLONIAL BLVD.		1.3 STREET ADDRESS				
City - ST - ZIP	FT. MYERS FL 33907		1.4 CITY-5	ì			
TITLÉ	DELETE		2 1 TITLE			Change	Addition
NAME	' 		22 NAME	-			
STREET ADDRESS			2.3 STREET ADDRESS				,
CITY - ST- ZIP			2. 4 CITY -	ST-ZIP			
TITLE	☐ DÉLETE		3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3 3 STREET				
CHY-ST-ZIF		DELETE	3.4. CITY-	ST-ZIP		Change	Addition
TITLE :		[] DECEIE	4.1 TITLE			L Change	Monison
NAME expert appeared			4. 2 NAME 4.3 STREET	ADDRESS			
STREET ADDRESS CITY - S1 - ZIP			4.3 STREET	ì			
TITLE	-7114	DELETE	5 1 THTLE	21 KH		Change	Addition
NAME			52 NAME			- -	******
STREET ADDRESS			5.3 STREET	ADDRESS			ĺ
CITY - ST - ZIF			5.4 CITY - 5	ST-ZIP			
TITLE	DELETE		6.1 TITLE			Change	Addition
NAME			62 NAME				
STREET ADDRESS			6.3 STREE	ADDRESS			
C/TY - ST - ZIP			6.4 CITY-5				
					d in Section 119.07(3)(i), Florida Statute t my signature shall have the same lega		
Lam arı o	flicer or director of the corporation in Block 12 (CBlock 13 if changes	n or the receiver or trustee empo	owered to exec	cute this repo	rt as required by Chapter 607, Florida S	itatutes; and that my	name

FILED

Jan 24 1997 8:00am

Secretary of State

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