

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000015882 (2)

1. Corporation Name

ROB'S AUTO BODY REPAIR, INC

Principal Place of Business

1233 W COLUMBIA STREET  
ORLANDO FL 32805-3834

Mailing Address

1233 W COLUMBIA STREET  
ORLANDO FL 32805-3834



3. Date Incorporated or Qualified  
02/25/1993

3a. Date of Last Report  
02/27/1995

2. Principal Place of Business

2a. Mailing Address

21 4880-A DISTRIBUTION CT  
Suite, Apt. #, etc.

26 4880-A DISTRIBUTION CT  
Suite, Apt. #, etc.

4. FEI Number

59-3173212

Applied For

Not Applicable

22 UNIT A  
City & State

27 UNIT A  
City & State

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23 Orlando, FL  
Zip Country

28 Orlando, FL  
Zip Country

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

24 32822

25 USA

29 32822

30 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COMBS, ROBERT A  
1233 W COLUMBIA STREET  
ORLANDO FL 32805

81 Name  
Combs Robert A.

82 Street Address (P.O. Box Number is Not Acceptable)  
4880-A DISTRIBUTION CT

83 UNIT A

84 City  
Orlando

FL

85 Zip Code  
32822

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's signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSTD  
COMBS, ROBERT A  
1233 W COLUMBIA STREET  
ORLANDO FL 32805-3834

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
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CITY - ST - ZIP

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CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
PSTD  
COMBS, ROBERT A.  
4880-A DISTRIBUTION CT. UNIT A  
Orlando, FL 32822

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement thereto 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

January 18, 1996 (407) 282-9899

Date

Daytime Phone #

CR2E034 (12/95)