

FILED

Jun 10, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000018501

1. Corporation Name

UNITED-AUTO-CLINIC INC.



Principal Place of Business
1002 N HOWARD AVENUE
TAMPA FL 33607
US

Mailing Address
1002 N HOWARD AVE
TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1002 N. Howard Ave Suite, Apt. #, etc. 22 Tampa FL City & State 23 33607 Hills. Zip Country	2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 03/11/1993	4. FEI Number 59-3182096	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent MURRAY, TULAH 1002 N HOWARD AVE TAMPA FL 33607	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	MURRAY, HUBERT S	1.2 NAME	GABBIDON, FITZROY K.
STREET ADDRESS	1002 N HOWARD AVE	1.3 STREET ADDRESS	1002 N HOWARD AVE
CITY-ST-ZIP	TAMPA FL 33607	1.4 CITY-ST-ZIP	Tampa FL 33607
TITLE	POST	2.1 TITLE	
NAME	MURRAY, TULAH V	2.2 NAME	
STREET ADDRESS	1002 N HOWARD AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	GABBIDON, FITZROY K	3.2 NAME	
STREET ADDRESS	1002 N HOWARD AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Tulah V. Murray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99 (813) 254-4459

Date

Daytime Phone

CR2E034 (1/198)