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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000021652 (1)

EAST RICHEY REPAIR, INC.

Principal Place of Business Mailing Address **6717 MASSAHCUSETTS AVENUE** 6717 MASSAHCUSETTS AVENUE NEW PORT RICHEY FL 34653-2738 NEW PORT RICHEY FL 34653 U\$ 3a. Date of Last Report 3. Date Incorporated or Qualified 03/12/1993 08/05/1996 2. Principal Place of Business 2a. Mailing Address 4 FFI Number Applied For 59-3169312 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PARK, TIMOTHY A 8202 AUTUMN LN. Street Address (P.O. Box Number is Not Acceptable) **NEW PORT RICHEY FL 34653** 83 84 Zip Code 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 Signar are typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. Addition Change DELETE 1.1 TITLE TITLE PARK, TIMOTHY A 1.2 NAME NAME 8202 AUTUMN LANE STREET ADDRESS 1.3 STREET ADDRESS **NEW PORT RICHEY FL 34653** 1.4 CITY-\$T-ZIP DITY-ST-70P DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY - ST-ZIP CHY-ST ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIF ☐ Addition DELETE 5.1 TITLE Change TITLE NAME 5.2 NAME **53 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST ZIE Addition THRE DELETE 6.1 TITLE Change 6.2 NAME NAME

63 STREET ADDRESS

64 CITY-\$1-2IP

14. I do 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

SIGNATURE:

appears in Block 12 er Block

STREET ADDRESS

CITY S1-7P

MANUAL HAND TAKE OF PRINTED NAME OF BIONING OFFICER OR DIFFECTOR

7 2MOTHY 4/26/97 913-847-5295

FILED

May 02 1997 8:00am

Secretary of State