

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

CORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE

Building 400, 1000 North

West Street, Tallahassee

Florida, 32304-0001, (904) 493-1200

APPROVED

95 MAY - 1 11 15

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000022251 (1)**

1. Corporation Name

BOB'S AUTO REPAIR, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1666 VILLAGE GREEN DR.
UNIT 9
PORT ST. LUCIE FL 34952**

Mailing Address
**1666 VILLAGE GREEN DR.
UNIT 9
PORT ST. LUCIE FL 34952**

3. Date incorporated or qualified **03/19/1993** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

4. FFI Number **65-0400219** Applied For ☐ Not Applicable ☐

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip

28 Zip

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Country

29 Country

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

**NEITZEL, ROBERT A
1666 VILLAGE GREEN DR.
UNIT 9
PORT ST. LUCIE FL 34952**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 199.032, 199.033, 199.034, 199.035, 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 further willing and accept the resignation of [Name of Old Agent] Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Signature of Registered Agent or Director

ATTEST

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME **P NEITZEL, ROBERT A**
STREET ADDRESS **1666 VILLAGE GREEN DR UNIT 9**
CITY **PT ST LUCIE FL**
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1. NAME ☒ Change ☐ Addition
1.1 STREET ADDRESS **34952**
1.2 CITY **VICE PRESIDENT**
2. NAME ☐ Change ☒ Addition
2.1 STREET ADDRESS **STEVE BRANA**
2.2 CITY **1666 VILLAGE GREEN DRIVE, UNIT 9**
3. NAME ☐ Change ☐ Addition
3.1 STREET ADDRESS **PORT ST LUCIE, FL 34952**
4. NAME ☐ Change ☐ Addition
4.1 STREET ADDRESS
5. NAME ☐ Change ☐ Addition
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18. NAME ☐ Change ☐ Addition
18.1 STREET ADDRESS
19. NAME ☐ Change ☐ Addition
19.1 STREET ADDRESS
20. NAME ☐ Change ☐ Addition
20.1 STREET ADDRESS

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that I am not guilty of the exceptions stated in Sections 199.032, 199.033, 199.034, 199.035, Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual report is true and correct 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 and that my signature on this report is required by Sections 199.032, 199.033, 199.034, 199.035, Florida Statutes, and that my signature appears in Block 12 or Block 13 of this report or in an affidavit filed with this report.

SIGNATURE:

Robert A. Neitzel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A. Neitzel

428-95 407-337-4910