

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

FILED

May 14 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000036544 (3)**

1. Corporation Name  
**PRATT'S AUTOMAGIC, INC.**



Principal Place of Business <del>XXXXXX</del> <del>6280 130TH AVE N</del> <del>CLEARWATER FL 34625</del>	Mailing Address <del>XXXXXX</del> <del>6280 130TH AVE N</del> <del>CLEARWATER FL 34625</del>
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2. Principal Place of Business 21 <b>1945 Sunset Pt Rd Unit G</b>		2a. Mailing Address 26 <b>Same</b>		3. Date Incorporated or Qualified <b>05/17/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-3184144</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State <b>Clearwater, FL</b>		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip <b>34625-1133</b>		28 Country <b>Pinellas</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 <b>34625-1133</b>		29 <b>Pinellas</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>PRATT, ROBERT L</b> <del>6280 130TH AVE N</del> <del>CLEARWATER FL 34625</del>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable) <b>1945 Sunset Point Rd</b>	
83 Unit G		84 City <b>Clearwater</b>	
85 Zip Code <b>FL 34625</b>			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PRATT, ROBERT L</b>		1.2 NAME	
STREET ADDRESS <b>8968 88TH ST N</b>		1.3 STREET ADDRESS	
CITY - ST - ZIP <b>LARGO FL 34647</b>		1.4 CITY - ST - ZIP	
TITLE <del>THOMPSON, ROBERT G</del>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <del>THOMPSON, ROBERT G</del>		2.2 NAME	
STREET ADDRESS <del>12801 116TH ST N</del>		2.3 STREET ADDRESS	
CITY - ST - ZIP <del>LARGO FL 34648</del>		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 appears in Block 12 or Block 13, changed or on an attachment with an address.

SIGNATURE:

*[Signature]*

**Robert L Pratt**

**4-28-97**

**813 443 1600**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)