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

PROFIT CORPORATION ANNUAL REPORT

1997

Suite, Apt. #, etc.

City & State

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Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000045417 (1)

PHIL'S MOBILE AUTO SERVICES, INC.

Country

FILED	
Jan 29 1997 8:00am	ì
Secretary of State	

☐ Yes 🔀 No

8. This corporation has liability for intangible tax under s. 199.032.

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Principal Place of Business	Mailing Address		
1155 BELLE AVE. WHSE #D WINTER SPGS. FL 32708 US	279 W HIGHLAND STREET ALTAMONTE SPRINGS FL 32714-2532		
		3. Date Incorporated or Qualified	3a. Date of Last Report
		06/23/1993	06/18/1996
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
11	26	59-3177824	Not Applicable

Country

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Suite, Apt. #, etc.

City & State

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	9. Name and Address of Current Registered Agent Tu. Name and Address of New Registered Agent					
ROBINSON, PHILLIP R		81 Name				
279 W HIGHLAND ST ALTAMONTE SPRINGS FL 32714			82 Street	Address (P.O. Box Number is Not Acceptable)		
LIC.	MINISTE OF MINISTER DEFIN		83			
: 3			84 City	FL 85 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						
12,	Signature, typed or printed franc of registered agent and title if applicable.  OFFICERS AND DIRECTORS	(NOTE Registere	o Agent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DELETION AND DIRECTORS		111.5	Change Addition		
NAME	ROBINSON, PHILLIP R.	1.2 N				
STREET ADDRESS	279 W HIGHLAND ST		TREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		:ny-\$T-7IP			
TITLE	ST DELET			Change Addition		
NAME	ROBINSON, LISA L	22 N	IAME			
STREET ADDRESS	279 W HIGHLAND ST	235	THEE CADDRESS	<b>→</b> /		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	2 41	DITY-\$T-7IP			
TITLE	DELET	£ 3.1 T	IILE	Change Addition		
NAME		3.2 N	IAME			
STREET ADDRESS		3.3 S	TREET ADDRESS			
CITY-ST-ZIP			DITY - ST - ZIP			
TITLE	☐ DELET	É 4.11	IILÉ	☐ Change ☐ Addition		
NAME		4.21	IMAN			
STREET ADDRESS		4.3 S	TREET ASIDRESS			
CITY-ST-ZIP			11Y - \$1 - 7IP			
TITLE	☐ DELET	E 511	IILI	Change Addition		
NAME		52 N	IAME			
STREET ADDRESS		5.3 S	TREET ADDRESS			
CITY-ST-ZIP			ITY-ST-ZIP			
TITLE	☐ DELFI			Change Addition		
NAME		6.2 N				
STREET ADDRESS		6.3 S	TREET ADDRESS			

14. I do hereby certify that the information supplied with this fifing 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 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. Phillip To Robinson

1/22/97/401/699-0754