

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morzhum
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 MAY -1 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000063061 (4)

1. Corporation Name

OCALA AUTOMOTIVE & TRUCK REPAIR, INC.

Principal Place of Business

Mailing Address

331 NW 20TH ST
OCALA FL 34475
US

331 NW 20TH ST
OCALA FL 34475
US

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified

09/03/1993

3a. Date of Last Report

04/29/1994

4. FEI Number

59-3202746

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

BURGETTE, CHRISTOPHER S
5751 NW 3RD PLACE
OCALA FL 34482

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

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT
NAME BURGETTE, CHRISTOPHER S.
STREET ADDRESS 5751 NW 3RD PLACE
CITY - ST - ZIP Ocala FL

1.1 TITLE PT
12 NAME BURGETTE, CHRISTOPHER S.
13 STREET ADDRESS 5751 NW 3RD PL
14 CITY - ST - ZIP Ocala, FL 34482
 Change Addition
LAST NAME SPOelled INCORRECTLY

TITLE VPS
NAME BURGETTE, VICKY C.
STREET ADDRESS 5751 NW 3RD PLACE
CITY - ST - ZIP Ocala FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
 Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE: Vicky C. Burgette VICKY C. BURGETTE 4/20/95 904-732-6000
Signature and typed or printed name of signing officer or director Date Telephone #