

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000068657 (4)**

1. Corporation Name

DALE'S AUTO REPAIR, INC.



Principal Place of Business

**8030 MASSACHUSETTS AVENUE
NEW PORT RICHEY FL 34653**

Mailing Address

**8030 MASSACHUSETTS AVENUE
NEW PORT RICHEY FL 34653**

3. Date Incorporated or Qualified
09/28/1993

3a. Date of Last Report
03/03/1995

4. FEI Number

59-3211581

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$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

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State, Apt. #, etc.

State, Apt. #, etc.

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City & State

City & State

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Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**QUAM, DALE
8030 MASSACHUSETTS AVENUE
NEW PORT RICHEY FL 34653**

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 607.1506, 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 of Registered Agent (if not the same as above)

Signature of Registered Agent (if not the same as above)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

**D
QUAM, DALE
8030 MASSACHUSETTS AVENUE
NEW PORT RICHEY FL 34653**

2. TITLE ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

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SIGNATURE:

DALE 2
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-96 (813) 895-1528
DATE DAY MONTH YEAR

CR2E034 (12/95)