

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # P93000071210 (7)**

1. Corporation Name:

**C & A AUTOMOTIVE, INC.**

APPROVED  
AND  
FILED

95 MAY -1 AM 9:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business:

**5914 JET PORT INDUSTRIAL BLVD.  
TAMPA FL 33634**

Mailing Address:

**5914 JET PORT INDUSTRIAL BLVD  
TAMPA FL 33634**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/07/1993**

3a. Date of Last Report

**04/29/1994**

4. FEI Number

**59-3208503**

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. 199.05, Florida Statutes

☒

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARELLANO, CHARLES E  
5914 JET PORT INDUSTRIAL BLVD.  
TAMPA FL 33634**

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 607.0602 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 of Agent (Required) and Signature of Agent (Required) and Signature of Agent (Required)

Signature of Agent (Required) and Signature of Agent (Required) and Signature of Agent (Required)

Date

12. OFFICERS AND DIRECTORS

TITLE  
**D**  
NAME  
**ARELLANO, CHARLES E**  
STREET ADDRESS  
**% 5914 JET PORT INDUSTRIAL BLVD.**  
CITY, ST, ZIP  
**TAMPA FL 33634**

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

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CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
**D/P**  
1.2 NAME  
**ARELLANO, Charles E**  
1.3 STREET ADDRESS  
**5514 JET PORT INDUSTRIAL BLVD**  
1.4 CITY, ST, ZIP  
**TAMPA FL 33634**  
☒ Change ☐ Addition

2.1 TITLE  
**S**  
2.2 NAME  
**ARELLANO, ELIZABETH R**  
2.3 STREET ADDRESS  
**5514 JET PORT INDUSTRIAL BLVD**  
2.4 CITY, ST, ZIP  
**TAMPA FL 33634**  
☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY, ST, ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY, ST, ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY, ST, ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 Sections 119.07(3)(b), 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, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Charles Arellano*  
**Charles Arellano**

**5/20/95**

**813 881-0715**  
Telephone Number