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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P9(	3000081625 (4)
RATLIFF REPAIR, INC.	
Principal Place of Business	Mailing Address



17424 LAKE INGRAM ROAD WINTER GARDEN FL 34787			17424 LAKE INGRAM ROAD WINTER GARDEN FL 34787									
								3. Date Incorporated or Qualified 11/22/1993	3a. Date	of Last 2/23/		
2. Principal Plac	ce of Business	F	2a. Mailing Addre	ess				4. FEI Number	<del></del>	Ť	Applied For	
21		20	<del></del>					59-3212979		[_	Not Applicable	
Suite, Apt. #	, etc.	2	Suite, Apt. #,	etc.				5. Certificate of Status Desired			75 Additional e Required	
City & State		28	Orty & State					Election Campaign Financing     Trust Fund Contribution		•	.00 May Be ded to Fees	
Zip <b>24</b>	Country 25		Zip Cour <b>29 30</b>					8. This corporation has liability for intangible tax under s 199,032, Florida Statutes  No				
	9. Name and Addre		-	10-1				10. Name and Address of New Ro		Laent		
			<del></del>		81	ı	Name					
-	, JOHN R JR.				82	-	Street Add	iress (P.O. Box Number is Not Acceptabl	e)			
	AKE INGRAM ROAD GARDEN FL 34787				83							
					84	(	City		FL	85	Zip Code	
11. Pursuant to	the provisions of Section	ons 607,0502 and (	607.1508, Florida	Statutes, the	above-r	nar	ned corpor	ration submits this statement for the purp ird of directors. I hereby accept the appo	vise of cha	nging it	s registered office	
familiar with	n, and accept the obligat	tions of, Section 60	7.0505, Florida S	Statutes.	ine corp.	<b>U</b> 16	allori s boa	ird or offectors. Thereby accept the appo	munem as	register	ed agent. Fam	
SIGNATURE _	ignature, typed or printed name o	of registered agent and title	it applicable	(NOTE: Bugi	istered Anen	vt ei	goature recuiro	od when reinstating)	DATE	<b>-</b>		
12.		FFICERS AND DIR			13.	K Si	g talore require	ADDITIONS/CHANGES TO OFFI		DIREC	TORS IN 12	
TITLE	D		DELE		1. 1 TITLE	-		ASSITIONAL OF ANALOT TO OFF		] Chang		
NAME	RATLIFF, JOHN R	JR.			1.2 NAME				_			
STREET ADDRESS	17424 LAKE INGF	RAM ROAD			1.3 STREET	ΑD	IDRESS					
CITY-ST-ZIP	WINTER GARDEN	FL 34787			1.4 CITY-S							
TITLE	D		DELE.		2.1 TITLE	-				7 Chang	e Addition	
NAME	RATLIFF, JOHN R	l			2 2 NAME							
STREET ADDRESS	17424 LAKE INGF	RAM ROAD			2.3 STREET	ΑD	ORESS					
CITY-ST-ZIP	WINTER GARDEN	FL 34787			2 4 CITY - S							
TITLE			☐ DELET		3. 1 TITLE					Chang	e Addition	
NAME					3.2 NAME				_		_	
STREET ADDRESS					3.3 STREET	T AC	ODRESS					
CITY-ST-ZIP					34 CITY-S	7-2	ZIP					
111LE			DELET		4. 1 TITLE				Γ	Chang	e 🗍 Addition	
NAME					4.2 NAME				_			
STREET ADDRESS					4 3 STREET	ADI	DRESS					
CITY-ST-ZIP					4.4 CITY-SI							
TITLE			DELE1		5 1 TITLE					Chang	e 🔲 Addition	
NAMÉ					5.2 NAME				_		_	
STREET ADDRESS					5 3 STREET	ADI	DRESS					
CITY-ST-ZIP					5.4 CITY-SI							
TITLE			[ DELET		6 1 TITLE				Г	1 Chang	e 🗍 Addition	
NAME			_		6 2 NAME				_	,		
STREET ADDRESS					6.3 STREET	AD.	DRESS					
CITY-ST-ZIP												
~~~	certify that the informati	on supplied with th	is filing is volunta		6.4 CITY - ST and does			or the exemption stated in Section 119 0	7(3)(k) Flor	ida Stat	tidae I furthar	

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 logal 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:** 

P 4-25-96 407-8776518
OFFICER OF DIRECTOR Daylone Phone #