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

DOCUI	MENT # P940										
L & L AUTO SERVICE, INC.						1 14811118 118 12911	B ibli Ba iri Bbi	H at hi at hi	BAIGI (BII) IRA	 	
Principal Place of Business		Mailing Address									
41 SE BEAL PKWY FORT WALTON BEACH FL 32548 US		41 SE BEAL PKWY FORT WALTON BEACH FL 32548 US				Date Incorporated of	or Qualitad	Ta- Day	te of Last R		 -1
						01/25/1994	и сучаннест		05/01/19	-1	
2. Principal Place of Business		2a. Mailing Address				FEI Number		_ f		Applied For	-
Suite, Apt. #, etc.		26	- 			59-3222789 Not Applic					2
22		Suite Apt. #, etc	Stiffe Apr. #, etc			Certificate of Status	Desired			Additional Required	
City & State		City & State			6.	Election Campaign	Financina			0 May Be	
23		28				Trust Fund Contribu	-			d to Fees	
Zip	Country 25	Ζφ 29	Country	Country		8. This corporation has liability for inta			ax under s	199.032,	
24	9. Name and Address of Curre		30			Florida Statutes Name and Addres		□ No	Agent		
······			81	Name			3 01 11011 1	regratered	Agent		\dashv
	L. JACK JR.		82	Street	Address (P	O Box Number is N	ot Acceptab	nle)		····	
	BEAL PKWY							,,			
FORT W	ALTON BEACH FL 32548		83								
			84	Crty				F1	85 Zq	o Code	-
11. Pursuant to	o the provisions of Sections 607.050	02 and 607.1508. Florida Stat	utes, the above	L	progration si	uhmits this statemen	t for the nur	FL		enictored offi	
	ed agent, or both, in the State of Flo h, and accept the obligations of, Se			oration's	board of dir	rectors. Thereby acc	ept the app	ointment as	s registered	agent. Lanı	•
SIGNATURE:											
12.	Signative, types or presentance of registerest ap-	<u>-</u>	NOTE Registered Age	it signature r-				DA'E			2
TITLE	D OFFICERS A	ND DIRECTORS	13.	Y		ADDITIONS/CHANG	ES TO OFF		D DIRECTO Change	RS IN 12	(12/95)
NAME	WILKS, L. JACK JR.		1.2 NAME					;	Change	Application	7
STREET ADDRESS	84 NORTH BEAL PARKWAY	1	1.3 STREFT	ADDRESS	41 56	BOAL PRWY					83
C(TY - ST - ZIP	FORT WALTON BEACH FL	32548	1.4 CiTy - 9	i - ZIP	FT. WA	MON BEH F	v 32	5440			CR2E034
TITLE	D	☐ DEFELE	2 1 THUE						Change	Addition	75
NAME	WILKS, MARLO A		2.2 NAME			A 60 - 37 (1)	,		′		
1	STREET ADDRESS 84 NORTH BEAL PARKWAY				41 50	BEAL PRIN	y 	1110			
CITY-ST-ZIP TITLE	FORT WALTON BEACH FL	32348 DELETE	2 4 CITY - S	5T - 7IP	VI W	ALTON ACH,	M 3	1548)	Change	□ Add€as	
NAME			3 2 NAME					Į	change	☐ Addition	
STREET ADDRESS			3.3 STREE	ADDRESS .							
CITY-ST-ZIP			3.4 C/TY - S	I ZIP							
TITLE		DELETE	4 1 Title						Change	☐ Addition	
NAME			4.2 NAMÉ	İ							
STREET ADDRESS			4.3 STHEET	- 1							
CITY-ST-ZIP TITLE		DELETE	4.4 CHY-S 5.1 THEE	1 - ZIF	W 744- L			 -	Change	Add-tion	4
NAMÉ			5.2 NAME					t	Gradye	☐ ₩30-(IUII	
STREET ADDRESS		•	53 STREET	ADDRESS							
CITY - ST-ZIP			5.4 CHTY - S	- 1							
TITLE		DELETE	6 1 TITLE					[Change	Addition	
NAME			6.2 NAME								
STREET ADDRESS ,			63 STREET	1							
C/TY-ST-Z/P	codify that the information a make	solate ata's fire a level see 11 d	64 CITY-S	T - 71P							╝

4. 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)(x), 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 cath; 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 or an attachment with an address.

SIGNATURE:

MARLO A. WILKS SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96

904 244 122C