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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

MORR	n Name RISON'S AUTOMOTIVE, II	NC.			1111 1611 1611 1611 1611 1611 1611 1611 1611 1611 1611 1611 1611 1611 1611 1611
Principal Place of Business 11930 U.S. HIGHWAY 19 NORTH PORT RICHEY FL 34668		Mailing Address 11930 U.S. HIGHWAY 19 NORTH PORT RICHEY FL 34668		T TORTHOGEN THE TANK OF THE OBJECT OF THE OB	6191 11811 88111 8811 8 11881 1811 1811
				3. Date Incorporated or Qualified 3a. 02/08/1994	Date of Last Report 04/10/1995
2. Principal Pa	ace of Business	2a. Mailing Address		4. FEI Number 59-3222162	Applied For
Suite, Apt.	#, etc	Suite, Apt. #, etc		E. Continue of Control Desired	Not Applicable \$8.75 Additional
City & State		City & State			Fee Required
3		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 4	Country 25	Ζφ 29	Country 30	8. This corporation has liability for intangit Florida Statutes ☐ Yes ☐ N	ю
	9. Name and Address of Cur	rrent Hegistered Agent	81 Name	10. Name and Address of New Registe	red Agent
CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301		1		dress (P.O. Box Number is Not Acceptable)	
				Grade y 150 From Frontier to Fred Frodely (COD)	
IALLAH	1A33EE FL 32301		83		
			84 City		FL 85 Zip Code
Or recisten	red agent, or both, in the State of E	Honda. Such change was authori.	zed by the correctation's be	oration submits this statement for the purpose opard of directors. Thereby accept the applointmen	of changing its registered office of as registered agent. I am
or register familiar wit SrGNATURE.	ed agent, or both, in the State of Fith, and accept the obligations of, Signature, typed or prihad come of registered a	Fords. Such change was authoric Section 607.0505, Florida Statute: aprit and their application (N AND DIRECTORS	20d by the corporation's bo S Off Femolered April agreement in the	card of directors. Thereby accept the appointment (Colored Transfer): UA ADDITIONS/CHANGES TO DESICERS	nt as registered agent. I am
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certify that in information indicates of this armost report of supplemental armost report is true and accorde and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee employeed 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

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