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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **P94000016200 (5)**

1. Corporation Name

**D & P MUFFLER, INC.**

Principal Place of Business

**2 LINWOOD ROAD**
**FORT WALTON BEACH FL 32547**

Mailing Address

**2 LINWOOD ROAD**
**FORT WALTON BEACH FL 32547**

3. Date Incorporated or Qualified: **02/25/1994**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-3230102** — 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

21 219 NE Racetrack Rd

Suite, Apt. #, etc.

22

City & State

23 Ft. Walton Beach, FL

Zip 24 32547 Country 25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip 29 Country 30

9. Name and Address of Current Registered Agent

**MCALISTER, DAVID R**
**2 LINWOOD ROAD**
**FORT WALTON BEACH FL 32547**

10. Name and Address of New Registered Agent

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 entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The 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 — Name of Registered Agent — Date

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | TS | ☐ DELETE |
| NAME | MCALISTER, DAVID | |
| STREET ADDRESS | 2 LINWOOD RD | |
| CITY-ST-ZIP | FT WALTON EBACH FL | |
| TITLE | P | ☐ DELETE |
| NAME | MCALISTER, MARY P | |
| STREET ADDRESS | 2 LINWOOD RD | |
| CITY-ST-ZIP | FT WALTON EBACH FL | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 11 TITLE | ☐ Change | ☐ Addition |
| 12 NAME | | |
| 13 STREET ADDRESS | | |
| 14 CITY-ST-ZIP | | |
| 21 TITLE | ☐ Change | ☐ Addition |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY-ST-ZIP | | |
| 31 TITLE | ☐ Change | ☐ Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY-ST-ZIP | | |
| 41 TITLE | ☐ Change | ☐ Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-ST-ZIP | | |
| 51 TITLE | ☐ Change | ☐ Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | ☐ Change | ☐ Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied herein, to the best of my knowledge, furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. 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:** Mary P. McAlister

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 12, 1996 904-862-3151

Date Phone #

CR2E034 (12/95)