

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 13 1997 8:00am  
Secretary of State

DOCUMENT # **P94000019445 (3)**

1. Corporation Name  
**LEMAY AUTO REPAIR INC.**



Principal Place of Business

**2169 TOURNAMENT STREET  
FORT MYERS FL**

Mailing Address

**2169 TOURNAMENT STREET  
FORT MYERS FL 33901-3412**

3. Date Incorporated or Qualified

**03/09/1994**

3a. Date of Last Report

**03/18/1996**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

**65-0473762**

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

9. Name and Address of Current Registered Agent

**LEMAY, ROGER  
2169 TOURNAMENT STREET  
FORT MYERS FL**

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 607.1508, 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, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
2. TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
3. TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

**P  
LEMAY, ROGER  
2504 SW 7TH PLACE  
CAPE CORAL FL**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on Back 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Roger Lemay Pao*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Roger Lemay Pao* 3497 3347291  
Daytime Phone

0395567

CR2E034 (9/96)