

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

1995 MAY -1 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400001482264
-05/10/95 -01020 -017
*****200.00 *****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000026573 (3)

1. Corporation Name

L & W AUTO, INC.

Principal Place of Business

3436 BEE RIDGE RD.
SARASOTA FL 34239

Mailing Address

3436 BEE RIDGE RD.
SARASOTA FL 34239

3. Date Incorporated or Qualified

04/07/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALTERS, ROBERT J
3436 BEE RIDGE RD.
SARASOTA FL 34239

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

SIGNATURE

(Signature of Robert J. Walters, Registered Agent, and his application)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	Pres./D
NAME	Wallace E Lacey
STREET ADDRESS	7926 Leewynn Way N.
CITY, ST, ZIP	Sarasota, FL. 34240
TITLE	Treas/D
NAME	Robert J. Walters
STREET ADDRESS	3436 Bee Ridge Rd
CITY, ST, ZIP	Sarasota, FL. 34239
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(b), Florida Statutes. I further certify that the information is true and correct, 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 liquidator of the corporation to make the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report, or as an attachment with an address.

SIGNATURE:

Robert J. Walters

Robert J. Walters T/D

4/27/95

813-922-2000

(Signature and Title or Printed Name of Signing Officer or Director)

Date

Telephone Number