

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 24 AM 7:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000027918 (9)**

1. Corporation Name

**AUTOMOTIVE BOOKKEEPING MANAGEMENT, INC.**

Principal Place of Business

10125 SE SUNSET HARBOR RD  
SUMMERFIELD FL 34491

Mailing Address

10125 SE SUNSET HARBOR RD  
SUMMERFIELD FL 34491

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
04/08/1994

3a. Date of Last Report  
NA

2. Principal Place of Business

21 14580 SE 93<sup>rd</sup> AVE

2a. Mailing Address

26 14580 SE 93<sup>rd</sup> AVE

4. FEI Number

59-3244632

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27 Summerfield

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

23 Summerfield, FLA.

City & State

28 Summerfield, FLA.

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

24 34491

Country

25 MARION

Zip

29 34491

Country

30 MARION

8. The corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

WELCH, DAVID  
10125 SE SUNSET HARBOR RD  
SUMMERFIELD FL 34491

10. Name and Address of New Registered Agent

81 Name: DAVID WELCH  
82 Street Address (P.O. Box Number is Not Acceptable): 14580 SE 93<sup>rd</sup> AVE  
83  
84 City: Summerfield FL 85 Zip Code: 34491

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

*David Welch*

Signature typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when rechartering

4-20-95

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	WELCH, DAVID	10125 SE SUNSET HARBOR RD SUMMERFIELD FL 34491	
D	WELCH, LINDA	10125 SE SUNSET HARBOR RD SUMMERFIELD FL 34491	
D	JONES, JOHN M	10125 SE SUNSET HARBOR RD SUMMERFIELD FL 34491	
D	JONES, KRISTINE R	10125 SE SUNSET HARBOR RD SUMMERFIELD FL 34491	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
11	WELCH, DAVID	14580 SE 93 <sup>rd</sup> Ave Summerfield, FL 34491		<input checked="" type="checkbox"/>	<input type="checkbox"/>
21	WELCH, LINDA	14580 SE 93 <sup>rd</sup> Ave Summerfield, FL 34491		<input checked="" type="checkbox"/>	<input type="checkbox"/>
31	JONES, JOHN M	3410 RIVERMONT PKWY. ALPHARETTA, GA. 30202		<input checked="" type="checkbox"/>	<input type="checkbox"/>
41	JONES, KRISTINE R	3410 RIVERMONT PKWY ALPHARETTA, GA 30202		<input checked="" type="checkbox"/>	<input type="checkbox"/>
51				<input type="checkbox"/>	<input type="checkbox"/>
61				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE:

*David Welch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-95 904-245-0560

Date

Phone (Area) XXX-XXXX