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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000048216 (3) DOCUMENT # 1. Corporation Name

A & G	MOTOR REPAIR, INC.								
Principal Place	of Business	Mailing Address				A TOBICODOL OIG TOUR BIBLE ABILET ABILE	••••••••••••••	#1 1#1 # ##)	(INTER BIRE 100)
1319 B DECK Stuart FL 3		1319 B DECKER AVENUE STUART FL 34994							
						 Date Incorporated or Qualified 06/23/1994 		of Last Re 5/01/199	
2. Principal Pla	ce of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For			
21		26							Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	····· •			5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
23		28	-1			Trust Fund Contribution			d to Fees
Zip	Country	Zip	Coun	try		8. This corporation has liability for i	ntangible ta	x under s	199.032,
24	25	29	30			Florida Statutes	⊒ √√0		
	Name and Address of Current	l Registered Agent				10. Name and Address of New R	egistered	Agent	
			ľ	B1	Name				
GLASS,				B2	Street Addres	s (P.O. Box Number is Not Acceptab	le)		
	DECKER AVENUE		Ļ						
STUART	FL 34994			B3					
			T T	84	City		FL	85 Zig	p Code
familiar wit SIGNATURE	o the provisions of Sections 607.05.02 ad agont, or both, in the State of Florid h, and accept the obligations of, Section Signature, typed or protect name of registeres agont 6	on 607.0505, Florida Statutes	i.		ration's board		pose of Chi pintment as	registered	agent. I am
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	R\$ IN 12
THILE	D	☐ DELETE 1.1		1. 1 TITLE			(Change	☐ Addition
NAME	GOOLEY, MURRAY			ME.					
STREET ADDRESS	1319 B DECKER AVENUE	OTHER FLAGOR		3 STREET ADDRESS					
CITY-ST-ZIP	STUART FL 34994	E Post S C C C C C C C C C C	1.4 CIT		ZIP				F I Addition
TITLE	D CLACE MIDOIL	[] DELETE	2 1 111				ı	Change	Addition
NAME	GLASS, VIRGIL 1319 B DECKER AVENUE			2.2 NAME					
STREET ADDRESS	STUART FL 34994	THART EL MANNA		2 3 STREET ADORESS 2 4 City-St-Zip					
CITY-ST-ZIP	310AH FL 34394	TORRITE 34934 24			ZIP			Change	Addition
TITLE NAME		321							
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			3 4 GiT						
TITLE		DELETE	4. 1 117					Change	Addition
NAME		Lanc F	4.2 NA						_
STREET ADDRESS			43516	HEET A	DORESS				
CITY-ST-ZIP			4.4 CIT						,
TITLE		DELETE 5.1						Change	Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 STI	RELIA	DDRESS				
CITY-ST-ZIP			5.4 CIT	Y-\$1-	ZIP				
TITLE		☐ DELETE	6. 1 Til	ILE				Change	☐ Addition
NAME			6.2 NA	ME					
STREET ATIORESS			6.3 ST	REFLA	DDRESS				

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 119.07(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 trugled empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13.47 hanged, or on an attacking enjoyith an iddress.

6.4 CITY - ST - ZIP

SIGNATURE: