

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:30

DOCUMENT # **P94000054610 (8)**

1. Corporation Name  
**ROGER'S TIRE AND REPAIR, INC.**

Principal Place of Business Mailing Address  
**36 NW 4TH PLACE ALACHUA FL 32615** **RT 1 BOX 253-D ALACHUA FL 32615**

Default which is true or false

3. Date Inc. Corporation or Qualified	3a. Date of Last Report
<b>07/18/1994</b>	
4. FEI Number	Applied For Not Applicable
<b>59-3354524</b>	
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Fund Contribution	<input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
7. This corporation has liability for intangible tax under Fla. Stat. 191.032 Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>14120 MARTIN LUTHER KING BLVD</b>	25 <b>RT 1 Box 253D</b>
22 <b>Alachua FL</b>	27 <b>Alachua FL</b>
23 <b>Alachua FL</b>	28 <b>Alachua FL</b>
24 <b>32615</b>	29 <b>32615</b>
25 <b>Alachua</b>	30 <b>Alachua</b>

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>FLEURY, PATRICIA A 36-NW-4TH PLACE 12809 NW 157th ST ALACHUA FL 32615</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Accepted)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: **PATRICIA A. FLEURY** 1/10/95  
(Signature, typed or printed name of registered agent and the date of signature)

12. OFFICERS AND DIRECTORS				13. ADDITIONAL OFFICERS, DIRECTORS, AND REGISTERED AGENTS			
TITLE	<b>PRESIDENT, TREASURER</b>	1. NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>ROGER FLEURY</b>	2. NAME					
STREET ADDRESS	<b>RT 1 BOX 253D</b>	3. STREET ADDRESS					
CITY, ST, ZIP	<b>Alachua FL 32615</b>	4. CITY, ST, ZIP					
TITLE	<b>VICE PRES / SECRETARY</b>	5. NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>PATRICIA FLEURY</b>	6. NAME					
STREET ADDRESS	<b>RT 1 Box 253D</b>	7. STREET ADDRESS					
CITY, ST, ZIP	<b>Alachua FL 32615</b>	8. CITY, ST, ZIP					
TITLE		9. NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		10. NAME					
STREET ADDRESS		11. STREET ADDRESS					
CITY, ST, ZIP		12. CITY, ST, ZIP					
TITLE		13. NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		14. NAME					
STREET ADDRESS		15. STREET ADDRESS					
CITY, ST, ZIP		16. CITY, ST, ZIP					
TITLE		17. NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		18. NAME					
STREET ADDRESS		19. STREET ADDRESS					
CITY, ST, ZIP		20. CITY, ST, ZIP					

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that I am duly qualified to serve as the registered agent for the corporation. I have read the Florida Statutes, Chapter 607, and I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature appears on the same in the proper place. I am an officer or director of this corporation or the member or members named to serve on 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: **Patricia A. Fleury** **PATRICIA A. FLEURY** 1/10/95 904-462-4576  
(Signature and typed or printed name of signing officer or director) 904-462-3760