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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Samuel B. Walton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000072596 (7)**

1. Corporation Name

R&S AUTOMOTIVE, INC.

Principal Place of Business

**1567 S. HWY. 17-92
LONGWOOD FL 32750**

Mailing Address

**1567 S. HWY. 17-92
LONGWOOD FL 32750**

RECEIVED
AND
FILED

9/11/95 11:24

RECEIVED STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/04/1994

3a. Date of Last Report

4. FEI Number

59-3270413

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

7. Does corporation have liability for change of tax under § 100.030,
Florida Statutes? ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

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9. Name and Address of Current Registered Agent

**SWIFT, NANCY J
1701 RALEIGH AVE
HOLLY HILL FL 32117**

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 607.0505 and 607.1505, 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

(Print or Type Name of Agent, if not a Florida Resident, and Address)

(Print or Type Name of Agent, if not a Florida Resident, and Address)

(Date)

12. OFFICERS AND DIRECTORS

NAME
NAME
STREET ADDRESS
CITY, ST, ZIP
NAME
NAME
STREET ADDRESS
CITY, ST, ZIP
NAME
NAME
STREET ADDRESS
CITY, ST, ZIP
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STREET ADDRESS
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CITY, ST, ZIP
NAME
NAME
STREET ADDRESS
CITY, ST, ZIP
NAME
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME
1 NAME
1 STREET ADDRESS
1 CITY, ST, ZIP
2 NAME
2 NAME
2 STREET ADDRESS
2 CITY, ST, ZIP
3 NAME
3 NAME
3 STREET ADDRESS
3 CITY, ST, ZIP
4 NAME
4 NAME
4 STREET ADDRESS
4 CITY, ST, ZIP
5 NAME
5 NAME
5 STREET ADDRESS
5 CITY, ST, ZIP
6 NAME
6 NAME
6 STREET ADDRESS
6 CITY, ST, ZIP

**Seburn R. Woods
2887 Buccaneer Dr
Winter Park, FL 32792**

**S
Nancy J Swift
1701 Raleigh Ave
Holly Hill, FL 32117**

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true, and qualify for the exemption stated in Sections 1 to 10 (17.90), 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 a 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 Block 12 or Block 13, if changed, or on an attachment with an addition.

SIGNATURE: **Seburn R. Woods** **Seburn R. Woods**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95 (407) 695-8292
Date Chapter 19.001