

5-30-97 B-7701 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 30 1997 8:00am  
Secretary of State

DOCUMENT # P94000077779 (4)

1. Corporation Name  
LIFELINE AUTO SERVICE, INC.

Principal Place of Business

16603 US 19 N  
CLEARWATER FL 34624  
US

Mailing Address

16603 US 19 N  
CLEARWATER FL 34624-6796  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

10/20/1994

3a. Date of Last Report

09/06/1996

4. FEI Number

59-3270792

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

NOCITO, JOHN R  
1460 COTTONWOOD TER  
DUNEDIN FL 34665

10. Name and Address of New Registered Agent

81 Name JOHN R NOCITO  
82 Street Address (P.O. Box Number is Not Acceptable)  
1453 COTTONWOOD TER  
83  
84 City DUNEDIN FL 85 Zip Code 34665

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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME MCGANN, MICHAEL D  
STREET ADDRESS 7115 60TH WAY N  
CITY-ST-ZIP PINELLAS PARK FL 34665

TITLE D  
NAME NOCITO, JOHN R  
STREET ADDRESS 1460 COTTONWOOD TERRACE  
CITY-ST-ZIP DUNEDIN FL 34666

TITLE D  
NAME PROUTY, JEFFERY D  
STREET ADDRESS 8392 94TH AVE N  
CITY-ST-ZIP SEMINOLE FL 34650

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE PRESIDENT  
2.2 NAME  
2.3 STREET ADDRESS 1453 COTTONWOOD TER  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN R NOCITO

4-24-97

530-0510

CR2E034 (9/96)