

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Feb 20 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000006273 (3)

1. Corporation Name:  
SOUTHERN REPAIR SERVICE INC



Principal Place of Business: 2017 GRANT ST HOLLYWOOD FL 33020 US  
Mailing Address: 10851 SW 42ND PL DAVIE FL 33328-2115 US

3. Date Incorporated or Qualified: 01/20/1995  
3a. Date of Last Report: 03/04/1996

2. Principal Place of Business: 21 8985 NW GAINVILLE Rd  
2a. Mailing Address: 26 8985 NW GAINVILLE Rd

4. FEI Number: 65-0569326  
Applied For: Not Applicable

22. City & State: 23 Ocala FL  
27. City & State: 28 Ocala FL

5. Certificate of Status Desired:   
\$8.75 Additional Fee Required

24. Zip: 34475  
25. Country: MARINON  
29. Zip: 34475  
30. Country: MARINON

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:  
ASBELL, WAYNE  
10851 SW 42ND PL  
DAVIE FL 33328

10. Name and Address of New Registered Agent:  
81 Name: WAYNE ASBELL  
82 Street Address (P.O. Box Number is Not Acceptable): 8985 NW GAINVILLE Rd  
83  
84 City: Ocala FL  
85 Zip Code: 34475

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ASBELL, W A	
STREET ADDRESS	10851 SW 42ND PL	
CITY-ST-ZIP	DAVIE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ASBELL, RICKY	
STREET ADDRESS	6500 SW 48TH ST	
CITY-ST-ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 amendment with an address.

SIGNATURE: W.A. Asbell W.A. ASBELL President 2/18/96 352-732-6300  
Date: 2/18/96 Daytime Phone #: 352-732-6300

CR2E034 (9/96)