## 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** 

Feb 18 1997 8:00am

Secretary of State

DOCUMENT # P9500008518 (9) TOM DONAHUE'S AUTO BODY & VETTE SHOP, INC.								
Principal Plac	e of Business	Mi	ailing Address					191 (911 1991
5320 STATE RD. 84			5320 STATE RD. 84					
BAY 5 DAVIE FL 333	14		NY 5 NVIE FL 33314-1239					
DATICIES		0,	1116 16 00014 1600			3. Date Incorporated or Qualified	3a. Date of Last F	Report
						01/27/1995	05/01/1996	, spen
2. Principal F	Place of Business	2a.	Mailing Address			4. FEI Number	<del></del>	pplied For
21			26			65-0553394	<del></del>	lot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				60 75	Additional
22		27				5. Certificate of Status Desired	1 1 7	Required
City & Stat	te	<del> </del> -	City & State			6. Election Campaign Financing	\$5.00	) May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country		Zip	Countr	у	8. This corporation has liability for i		
24	25	29		30			Yes No	
	9. Name and Address of Curre	nt Regis	tered Agent			10. Name and Address of New Re	gistered Agent	
DO	NAHUE, TOMAS J			81	Name			
	O STATE RD. 84			82	Stroot Add	dress (P.O. Box Number is Not Acceptab	(a)	
BAY	Y 4			"	olicei Adi	dress (1.0, box (dumber is Not Acceptab	10)	
	VIE FL 33314			83	3			
1				_			<del></del>	
Ì				84	City		FL 85 Zip	Code
agent. La	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblig	02 and 6 te of Florio gations o	07.1508, Florida Stati da. Such change was f, Section 607.0505, F	utes, the above authorized be lorida Statute	ve-named cor by the corpora es.	rporation submits this statement for the <b>p</b> ation's board of directors. I hereby accep	urpose of changing of the appointment as	its registered s registered
SIGNATURE	Signature, typed or printed name of registered as	gent and litte	if applicable (fv0	DTE: Registered Ac	gent signature requ	uired when reinstating)	DATE	
12.	OFFICERS AN	ND DIREC	CTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
TITLE	D		DELETE	1.1 TITLE			☐ Change	Addition
NAME	DONAHUE, TOMAS J			1.2 NAME				
STREET ADDRESS	5320 STATE RD. 84, BAY 4			1.3 \$TREE	T ADDRESS			
C-TY-ST-ZIP	DAVIE FL 33314			1.4 C/1Y-	\$1- <i>Z</i> IP			-
TITLE			DELETE	2.1 TITLE			☐ Change	Addition
NAME	ĺ			2.2 NAME	ĺ	•		ſ
STREET ADDRESS				2.3 STREE	T ADDRESS			
CITY-ST-7IP				2. 4 CITY-				
TITLE			DELETE	3.1 TITLE			☐ Change	Addition
NAME			_	3.2 NAME			- •	-
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP	}			3.4. CITY-	J			
1-TLE			DELETE	4.1 TITLE			Change	Addition
NAME				4, 2 NAME	1		V	
STREET ADDRESS					T ADDRESS			
CITY - ST - ZIP			DELETE	4.4 CITY - 5.1 TITLE	\$1-ZIP		Change	Addition
			ויין מכרבוב				change	L Montroll
NAME	1			5.2 NAME				l
STREET ADDRESS					T ADDRESS			j
CITY-ST-ZIP			DELETE	5.4 CITY -				1.000
TITLE			DELETE	61 TITLE	1		∐ Change	Addition
NAME				6.2 NAME				
STREET ADDRESS				63 STREE	T ADDRESS			
CITY-ST-ZIP				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 it changed, or on an attachment with an address.