

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000011510

1. Corporation Name

REPAIR KIT SERVICES, INC.

Principal Place of Business

Mailing Address

8710 Cypress Lake Drive
Ft. Myers, FL 33919

3. Date Incorporated or Qualified
Feb. 10, 1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 8710 Cypress Lake Dr.

26 8710 Cypress Lake Dr.

4. FEI Number
65-0554612

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Ft. Myers, FL

28 Ft. Myers, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33919

25 Lee

29 33919

30 Lee

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Christopher Alan Hanmer
204 Center Road, Suite 4
Ft. Myers, FL 33907

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

8710 Cypress Lake Drive

83

84 City

Ft. Myers,

FL

85

Zip 33919

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 or officer or director)

Signature (typed or printed name of registered agent or officer or director)

Signature

12. OFFICERS AND DIRECTORS

TITLE	P/D	☐ DELETE
NAME	Christopher Alan Hanmer	
STREET ADDRESS	8710 Cypress Lake Drive	
CITY-ST-ZIP	Ft. Myers, FL 33919	
TITLE	S/T/D	☐ DELETE
NAME	Bonnie Lou Hanmer	
STREET ADDRESS	8710 Cypress Lake Drive	
CITY-ST-ZIP	Ft. Myers, FL 33919	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Bonnie Hanmer

Bonnie Hanmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96

941-936-7576

CR2E034 (12/95)