

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

FILED

May 09 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 # P95000011510 (1)

1. Corporation Name  
REPAIR KIT SERVICES, INC.



Principal Place of Business  
8710 CYPRESS LAKE DRIVE  
FT MYERS FL 33919

Mailing Address  
8710 CYPRESS LAKE DRIVE  
FT MYERS FL 33919-5044

3. Date Incorporated or Qualified  
02/10/1995

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business  
21 7721 NALLE GRADE ROAD

2a. Mailing Address  
26 7721 NALLE GRADE ROAD

4. FEI Number  
65-0554612

Applied For  
Not Applicable

Suite Apt # etc.

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

22 City & State  
23 FT. MYERS, FL

27 City & State  
28 FT. MYERS, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 33917 Country USA

29 Zip 33917 Country USA

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

HANMER, CHRISTOPHER A  
8710 CYPRESS LAKE DRIVE  
FT MYERS FL 33919

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
7721 NALLE GRADE ROAD

83

84 City FT. MYERS FL 85 Zip Code 33917

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANMER, CHRISTOPHER A	1.2 NAME	
STREET ADDRESS	8710 CYPRESS LAKE DRIVE	1.3 STREET ADDRESS	7721 NALLE GRADE ROAD
CITY-ST-ZIP	FT MYERS FL 33919	1.4 CITY-ST-ZIP	FT. MYERS, FL 33917
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANMER, BONNIE L	2.2 NAME	
STREET ADDRESS	8710 CYPRESS LAKE DRIVE	2.3 STREET ADDRESS	7721 NALLE GRADE ROAD
CITY-ST-ZIP	FT MYERS FL 33919	2.4 CITY-ST-ZIP	FT. MYERS, FL 33917
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET 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 if changed, or on an attachment with an address.

SIGNATURE: Bonnie Hanmer 4-29-97 941-936-7576  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)