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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State DIVISION OF CORFORATIONS

DOCUMENT #

1. Corporation Name

P95000018672 (2)

AUTO SAVE OF BAY COUNTY, INC.							
Principal Place	of Business	Mailing Address				III Mass Maini 11001 10110 Austr 14010 Olan Imbi	
714 WEST 15TH STREET PANAMA CITY FL 32401		714 WEST 15TH STREET PANAMA CITY FL 32401					
					3. Date Incorporated or Qualified 03/06/1995	3a. Date of Last Report	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For		
21		26		59-3302719	Not Applicable		
Suite, Apt. #, etc 22		Suite, Apt. #. etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		Orty & State			6. Election Campaign Financing	\$5.00 May Be	
23]		28	1 0		Trust Fund Contribution	Added to Fees	
Zip	Country	Ζιρ 29	Count 30	ry	8. This corporation has lability for i		
24	25 9. Name and Address of Curren				10. Name and Address of New R		
	3. (14)		6	1 Name			
MASS	EY, J. PHILLIP			2 Chank Add	Iress (P.O. Box Number is Not Acceptab	lo)	
	EST 15TH STREET	82 Stree		Z Street Add	Address (F.O. Box Namber is Not Acceptable)		
	MA CITY FL 32401		8	3		·	
				4 City		85 Zip Code	
				1	oration submits this statement for the pur	FL	
SIGNATURE _	h, and accept the obligations of, Sect J. Phillip MASSE Sprace types or process a set of registered and OF FICERS AND	Your rave air of the	MILLE	Max.	ADDITIONS/CHANGES TO OFF	DAYE	
TITLE	D-PROSIDENT	DELETE	1 1 1/1	E	P	Change Addition	
NAME	MASSEY, J. PHILLIP -	 -	. 1.2 NAM	Ē	•	•	
STREET ADDRESS	1305 CLABRIA AVENUE		13 STR	ET ADDRESS			
CITY - ST-ZIP	PANAMA CITY FL 32405		14 CITY	- \$* - ZIP			
TITLE	D	Æ DELE1E	2 1 ItTu	F	V-pres.	Change 🗷 Addition	
NAME	SCOTT, CYNTHIA		2.2 NAM	1 4	J.M. MASSEY		
STREET ADDRESS	703 KRISTANNA DRIVE		2 3 S1F	ET ADDRESS	J.M. MASSEY 772 Rosempht DR PANAMA City, 714 3:	2405	
CITY - ST - ZIP	PANAMA CITY FL 32405	E poste		Ş1 LF	Cal		
TITLE		☐ DELETE	3 1 1111	E	michnel Scott 703 Kristanna De Panama City i tha 3 Trenshare	Crange Addition	
NAME			3 2 NAM	F	703 KRISTANNA DE		
STREET ADDRESS				EET ADDRESS	DANAMA City , ThA 3	, 240S	
CITY - ST - ZIP TITLE		DELETE	4 1 111	- SI - ZIF	TREASHRER	Change Addition	
NAME			4 2 NAV	i.	ANNOTE MASSEY 1772 ROSEMONT DR PANAMA City, HAZ	□ · • • • • • • • • • • • • • • • • • •	
STREET ADDRESS				ET ADDRESS	772 Rosemont DR		
CITY-ST-ZIP				-ST 7-P	PANAMA City, HA3	2405	
TITLE		☐ DELETE	5 ' Till	ŧ	1	Change Addition	
NAME			5.2 NAM	IE			
STREET ADDRESS			5.3 STA	EET ADDRESS			
CITY-ST-ZIP			5.4 CITY	-ST ZIP			
TITLE		☐ DELETE	6 1 TIT.	.€		Change Addition	
NAME			6.2 NAM	ΙE			
STREET ADDRESS			6.3 STR	EET ADDRESS			
CITY - ST - 7ID			64 000	- ST - 2IP			

14. I do hereby certify that the information supposed 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 aurital 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 corporal on 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 attachinient with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR.

Date:

Contractions

Contractions