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FILED
May 08 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 # P95000018672 (2)

1. Corporation Name
AUTO SAVE OF BAY COUNTY, INC.

Principal Place of Business

714 WEST 15TH STREET
PANAMA CITY FL 32401

Mailing Address

714 WEST 15TH STREET
PANAMA CITY FL 32401-2243



3. Date Incorporated or Qualified
03/06/1995

3a. Date of Last Report
04/17/1996

4. FEI Number
59-3302719

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

2. Principal Place of Business
21 326 W 15TH STREET
Suite, Apt #, etc.

22 City & State
23 PANAMA CITY, FL

24 Zip 32401 25 Country USA

2a. Mailing Address
26 326 W 15TH STREET
Suite, Apt #, etc.

27 City & State
28 PANAMA CITY, FL

29 Zip 32401 30 Country USA

9. Name and Address of Current Registered Agent

MASSEY, J. PHILLIP
714 WEST 15TH STREET
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name MASSEY, J. PHILIP

82 Street Address (P.O. Box Number is Not Acceptable)
326 W 15TH STREET

83

84 City PANAMA CITY FL 85 Zip Code 32401

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME MASSEY, J. PHILLIP
STREET ADDRESS 1305 CLABRIA AVENUE
CITY-ST-ZIP PANAMA CITY FL

TITLE VP
NAME MASSEY, J M
STREET ADDRESS 772 ROSEMONT DR
CITY-ST-ZIP PANAMA CITY FL

TITLE S
NAME SCOTT, MICHAEL
STREET ADDRESS 703 KRISTANNA DR
CITY-ST-ZIP PANAMA CITY FL

TITLE T
NAME MASSEY, ANNETTE
STREET ADDRESS 772 ROSEMONT DR
CITY-ST-ZIP PANAMA CITY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 attachment with an address.

SIGNATURE:

J. Massey J. MASSEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/97

Daytime Phone #

904-285-3592

0051808

CR2E034 (9/96)