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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

P95000027002 (1)

BUSSIE AUTO RESTORATION, INC.

FILED
Apr 19 1996 8:00am
Secretary of State

Principal Place of Business  1009 LORING AVENUE  SUITE 28  ORANGE PARK FL 32073		Mailing Address  1008 LORING AVENUE  SUITE 28  ORANGE PARK FL 32073					*****	•• ••	
						T-A			
					3. Date Incorporated or Qualified 04/05/1995 3a. Date of Last Report				
2. Principal Pla 21	ace of Business	2a. Mailing Address	·			4. FEI Number 59-330902	2	-	Applied For Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			<b>75</b> Additional ee Required
City & State		City & State	·			Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees		
Zip 24	Country Zip Co			try		8. This corporation has liability for intengible tax under s 199.032, Florida Statutes ✓ Yes ☐ No			
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Ro	egistered A	gent	
			8	31	Name			_=	
CANTA	ORO, THOMAS C ATTY.			_					<del></del>
1700 WELLS ROAD			8	32	Street Addre	ss (P.O. Box Number is Not Acceptable	e)		
SUITE			8	33			<del> ·</del> -		<del></del>
	GE PARK FL 32073		-					1221	
, , , , , , , , , , , , , , , , , , ,			*	34	City		FL	85	Zip Code
or register familiar wit SIGNATURE	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	ida. Such change was authorize dion 607.0505, Florida Statutes.	ed by the co	rpc	oration's board	tion submits this statement for the purp of directors. I hereby accept the appo	intment as	registe	red agent. I am
12.	Signature, typed or printed name of registered ages	nt and title if application. (NOT NO DIRECTORS	II : Flogistered A	gerl	l signature required v	when reinstating) ADDITIONS/CHANGES TO OFFI	DATE.	DIBEC	TORS IN 12
TITLE	PT DELETE 1.1			l F		Change Addition			
NAME	BUSSIE, JAN R			1.2 NAME			-		,- ,
STREET ADDRESS	1008 LORING AVENUE. #	28		1.3 STREET ADDRESS					
CITY-ST-ZIP	ORANGE PARK FL 32073		1.4 CITY		· 1				
TITLE	VS □ DELETE			2. 1 TITLE		· · · · · · · · · · · · · · · · · · ·		] Chang	ge 🔲 Addition
NAME	BUSSIE, ALAN J			2 NAME					
STREET ADDRESS	1008 LORING AVENUE, #:	28	2.3 STRE	EET #	ADDRESS .	•			
CITY-ST-ZIP	ORANGE PARK FL 32073		2.4 CITY	/ - ST	i - ZIP				
TITLE		☐ DELETE	3. 1 TITL	LE			Ē	Chang	ge 🔲 Addition
NAME			3.2 NAM	1E					
STREET ADDRESS			3.3. STR	EET.	ADDRESS				
CITY-ST-ZIP		[ ] DELETE	3.4 CITY		-ZIP				
TITLE				4 1 TITLE			L	] Chang	ge 🔲 Addition
NAME			4.2 NAM						
STREET ADORESS					ADDRESS				
CITY-ST-ZIP	<del></del>	☐ DELETE	4.4 CHTY		- ZIP			7 Chang	ge Addition
TITLE		☐ bereit	5. 1 HIL				L.	T cuant	k [] Addition
NAME OTDECT ADDRESS			5.2 NAM		ADODECO				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			5.4 CHY	'-SI	- ZIP [				

6. 1 111LE

6.2 NAME 6.3 STREET ADDRESS

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 cath; 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 changes, or on an attachment with an address.

SIGNATURE

NAME

STREET ADDRESS

MATURE AND OFFICER OR DIRECTOR

DELETE

4/16/96 704-272-1485

☐ Addition