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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

## DOCUMENT # P95000044447 (7)

GREEN'S AUTOMOTIVE & REPAIR, INC.

		177119111199791819184									
Principal Place	e of Business	Mailing Add	ress			1 1111111	MMC SEM TMENÉ MENT	aniti ahtis ahtit		BOL BIRIT BIRIL	
5556 YAHL ST			5556 YAHL 8T D NAPLES FL 34109-1836								
D NAPLES FL 339	49										
TAN ELO I E GOO	<b></b>	WHI EED I'E O					3. Date Incorporated or Qualified				
2. Principal Pl	lace of Business	2a. Mailing A	Address			4. FEI N			<del></del>	Ar	oplied For
21		26				65-0	0583336			No.	ot Applicable
Suite, Apt. :	#, etc.	Suite, Ap	ot #, etc.			5. Certifi	icate of Statu	s Desired		,	Additional
22		27		· · · · · · · · · · · · · · · · · · ·						Fee Re	equired
City & State	9	City & St	ate			l l	on Campaigr	•	_	\$5.00	
23	Chamber	28		Onwate			Fund Contrib				to Fees
Zip 24 34 10	Country	Zip	<u> </u>	Country				is liability for it			. 199.032,
24 3.4 10	9. Name and Address of C	29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	30				a Statutes	s of New Reg		No	
WHY.	TLEY, ELAINE	out to the ground right		81	Name	10, 140,114	and Addies	o or now may	gietorou A	. Maint	
	- 16TH PL S.W.										
	ES FL 33999			82	Street	Address (P.O. Bo	x Number is	Not Acceptab	le)		
14/4 6	.E01E 00888			83		·	<del> </del>	***************************************			
				<u> </u>							
				84	City				FL	85 Zip	Code
11. Pursuant t	to the provisions of Sections 60	07.0502 and 607.1508. F	Florida Statutes	the abovi	-named	corporation subn	nits this state	ment for the n	urnose of	changing it	ts registered
office or re	egistered agent, or both, in the	: State of Florida, Such a	rhange was auth	inrized hi	the con	poration's board	of directors.	hereby accep	t the appo	ointment as	registered
agent. Far	m familiar with and accept the	obligations of Section	607.0505, Floria:	a Statutes	).						
SIGNATURE	Signature, typed or pented name of registi	ered agent and title if applicable	(NOTE: Be	oislered Ace	ni signature	required when reinstation	nai		DATE		<del> </del>
12.		RS AND DIRECTORS	(12.11	13.				ES TO OFFIC		DIRECTOR	RS IN 12
TITLE	D		DELETE	1.1 TITLE		[				Change	Addition
NAME	GREEN, DELMONT S JR.			1.2 NAME							
STREET ADDRESS	1390 - 23RD ST. S.W.			1.3 STREET	ADDRESS	ľ					
CITY-ST-ZIP	NAPLES FL 33964			1.4 CITY - S		NAPLES	FL	341	77		
TITLE			DELETE	21 TITLE		7 7 7 7 7 7				Change	Addition
NAME				22 NAME							
STHEET AUDRESS				2.3 STREET	ADDRESS						
CITY-ST-Z:P				2. 4 CiTY-	SF-ZIP						
TiTLE			DELETE	31 TITLE			***************************************	······································	***************************************	Change	Addition
NAME				3 2 NAME							
STREET ADDRESS				3.3 STREET	ADDRESS						
CITY-ST-ZIP				3.4. CITY-	T-ZIP	<u> </u>					
THEF			DELETE	4.1 TITLE						Change	Addition
NAME				4. 2 NAME							
STREET ADDRESS				4.3 STREET	address						
CITY-ST-7IP				4.4 CITY - S	T-ZIP						
THILE			DELETE	51 TITLE						☐ Change	Addition
NAME				5.2 NAME							
STREET ADDRESS				5 3 STREET	address						
CITY+ST-7P		·····	1.05.115	5.4 CITY~ S	T-ZIP						
TITLE		L	DELETE	61 TITLE						☐ Change	Addition
NAME				6.2 NAME							
STREET ADDRESS				63 STREET	address						
CITY+ST-ZIP		P. J. M. A. 200		64 CITY-S		<u> </u>					
14. I do heret informatio	by certify that the information si	unnilea with this filina di									

SIGNATURE

Brun-DEL GREEN

1-31-97 941-514-0588

**FILED** 

Feb 06 1997 8:00am

Secretary of State

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