SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000052763 (6)

MIKE'S AUTO REPAIR OF EUSTIS, INC.

| Principal Place of Business | Mailing Address |
|-----------------------------|-------------------------|
| 49 EAST PINECREST DRIVE | 49 EAST PINECREST DRIVE |

FILED Sep 08 1997 8:00am Secretary of State



| · · · · · · · · · · · · · · · · | ir ridee of Dusirios | ,,, | **** | ailing Address | | | | |
|---------------------------------|--|--|---------------------------------|---|-----------------------------|--------|---------------------|---|
| | T PINECREST DRIV FL 32726 | /E | | 9 EAST PINECREST (USTIS FL 32726 | DRIVE | | | DO NOT WRITE IN THIS SPACE |
| | | | | | | | | |
| | | | | | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report |
| | | | | | | | | 07/03/1995 05/01/1996 |
| 2. Princ | ipal Place of Busi | ness | 26. | Mailing Address | | | | 4. FEI Number Applied For |
| 21 | | | 26 | | | | | 59-3325494 Not Applicable |
| Suite | , Apt. #, etc. | | | Suite, Apt. #, etc. | | | | SR 75 Additional |
| 22 | | | 27 | | | | | 5. Certificate of Status Desired Fee Regulred |
| City (| & State | | | City & State | | | _ | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | | 28 | • | | | | Trust Fund Contribution Added to Fees |
| Zip | - | Country | - | Zip | Countr | | | |
| 24 | | 25 | 29 | | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No |
| 24 | o Neme | and Address of C | | tored Agent | 30 | T | | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent |
| | | · - ··································· | michit Heßis | tered Agent | | 81 | Name | |
| | MAYORGA, A | | | | | 01 | Ivaille | e l |
| | 553 IRIS STR | eet | | | | 82 | Street / | t Address (P.O. Box Number is Not Acceptable) |
| | ALATAMONTE | SPRINGS FL 32 | 714-3114 | | | | | , and the same of |
| | | | | | | 83 | | |
| | | | | | | | | |
| | | | | | | 84 | City | 85 Zip Code |
| 44 5 | | 7 | 20500 | 07.1500 61 0 | | | | FL V |
| 11. Puri | suant 10 t ne provis ce or registered ac | sions of Sections 60. Sent. or both in the | 7.0502 and 6 State of Florid | 07.1508, Florida Stat da: Such change wa | lutes, the a s authorize | d hu | e-named The corr | d corporation submits this statement for the purpose of changing its registered prporation's board of directors. I hereby accept the appointment as registered |
| age | nt. I am familiar w | ith, and accept the | obligations of | , Section 607.0505, | Florida Sta | lutes | i | reportation to bear a or directors. Thereby accept the appointment as registered |
| SIGNAT | | | | | | | | |
| Olonzii | | or printed name of register | red agent and tille | it applicable. (N | OTE: Registere | d Age | nt signature | re required when reinstating) DATE |
| 12. | | OFFICERS | S AND DIREC | CTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PT | | | DELETE | 1.1 1 | TLE |] | Change Addition |
| NAME | MIZE, J | ANET G | | | 1.2 N | ARFE | - 1 | |
| STREET AD | | UGLAS DRIVE | | | | | 46000000 | |
| | | | | | | | ADDRESS | |
| CITY-ST-Z | | <u>rl</u> | ····· | · 2 | 1.4 C | ITY-S | T-ZIP | |
| TITLE | VP | | | DELETE | 2.1 Ti | TLE | į | Change Addition |
| NAME | HESSEL | ., HELEN C. | | | 2.2 N | AME | 1 | • |
| STREET AD | DRESS 49 E. PI | INECREST DRIVE | | | 2.3 S | TREET | ADDRESS | |
| CITY-ST-Z | | | | | 240 | ITY- S | 37 - Z#P | |
| TITLE | | · | | DELETE | 3.1 Ti | | , L. Eu | Change Addition |
| | | | | | | | | Li diwigo Li Assitton |
| NAME | | | | | 3.2 N. | | | |
| STREET ADD | DRESS | | | | 3.3 \$ | TREET | ADDRESS | |
| CITY-ST-Z | IP . | | | | 3 4. 0 | HTY-S | T-ZIP | |
| TITLE | - | | | DELETE | 4.1 Tr | TLE | 7 | Change Addition |
| NAME | İ | | | | 4.2 N | IAME | | |
| STREET ADD | DAESS | | | | 435 | IBFFT | ADDRESS | |
| CITY-ST-Z | | | | | | | | |
| TITLE | | ···· | | ☐ DELETE | | TY-S | 1 - 2(1" | ☐ Change ☐ Addition |
| | | | | L DELL'IE | 5.1 1) | | | Change Addition |
| NAME | | | | | 5.2 N | | | |
| STREET ADI | Dress | | | | 5.3 S | REET | ADDRESS | |
| CHY-ST-Z | IP | | | | 5.4 CI | TY-S | 1 - ZIP | |
| TITLE | | | | ☐ DELETE | 6.1 Ti | TLE | | Change Addition |
| NAME | | | | | 6.2 N | AMF | | |
| STREET ADE | ABEGG | | | | | | ADDRESS | |
| | i | | | | | | | |
| CITY-ST-Z | | | | to Cities and | | TY-S | | stated in Section 119 07/3Vi) Florida Statutes I further cartify that the |
| 14 I MO | neterny certify tha | u me intormátión cui | ooliez with th | ar alling door not due | autu tar baa | OVA | mation el | protoc in Section 110 (17/2)/i) Florido Statutas, Efurther sectifu that the |

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 altachment with an address.