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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000055467 (1)**

1. Corporation Name

**GERRY'S AUTO SERVICE, INC.**



Principal Place of Business

**644 SE 4 AVE  
FT LAUDERDALE FL 33301**

Mailing Address

**644 SE 4 AVE  
FT LAUDERDALE FL 33301**

3. Date Incorporated or Qualified

**07/18/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

**21 817 N.E. 4th Avenue**

**26**

Suite, Apt. #, etc

Suite, Apt. #, etc

**22**

City & State

**27**

**Ft. Lauderdale, FL**

City & State

**23**

Zip

Country

**28**

Zip

Country

**24 33304**

**25 USA**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HODGES, PERRY W JR  
644 SE 4 AVE  
FT LAUDERDALE FL 33301**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 (delete if not applicable)

Signature typed or printed (delete if not applicable)

Signature typed or printed (delete if not applicable)

12. OFFICERS AND DIRECTORS

TITLE	<b>President/Director</b>	<input type="checkbox"/> DELETE
NAME	<b>Gerald R. Davis</b>	
STREET ADDRESS	<b>817 N.E. 4th Avenue</b>	
CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33304</b>	
TITLE	<b>Secretary/Treasurer/Director</b>	<input type="checkbox"/> DELETE
NAME	<b>Judith Davis</b>	
STREET ADDRESS	<b>817 N.E. 4th Avenue</b>	
CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33304</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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:

*Gerald R. Davis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**GERALD R. DAVIS, President**

**4-8-96**

**954-763-2450**

CR2E034 (12/95)