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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1996

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P95000055499	(4)
A TO Z AUTOMOTIV	E, INC.	

Principal Place of Business

Mailino Address

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гинора пасе с	DI DUSINOSS	Maning 1 tool coo			
5502 SOUTH D TAMPA FL 336	DALE MABRY HWY. 311	5502 SOUTH DALE MABRY TAMPA FL 33611	r HWY.		
				3. Date Incorporated or Qualified 07/17/1995	3a. Date of Last Report
2 Principal Pla	ice of Busines 104 OKLAHAMA AN	F2a. Mailing Address	OH OKLAHOMA AVI	4. FEI Number	Applied For
21	TAMPA 171 3361	L 26 Tan	PA FL 33616	59-3325831	Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	mpn FL	City & State ZAMPA	FL	6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zp 336	Country	29 33616	Country U.S.	8. This corporation has liability for in Florida Statutes Yes	□No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent
			81 Name		
WHITE, D	DENNIS		82 Street Addre	ss (P.O. Box Number is Not Acceptab	le)
5502 SOI	UTH DALE MABRY HWY.		Street Addre	Con to the total source of the control of the contr	
TAMPA F			83		
Dam A 1	C 00011				Jack 7: Code
			84 City		FL 85 Zip Code
	o the provisions of Sections 607.0502	and CO7 1509 Etorida Statutos	the shove-named cornors	ation submits this statement for the pur	pose of changing its registered office
or registers	ed agent, or both, in the State of Florida	a. Such change was aumonzeo	by the corporation's board	of directors. I hereby accept the app	pintment as registered agent. I am
familiar wit	th, and accept the obligations of, Sect.	on 607.0505, Florida Statutes.			20/96
SIGNATURE _	Nevins ande				FATE
	Signature, typled or printed name of registered agent a	The state of the s	Rugistered Agent signature required 13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
12.	OFFICERS AND	DELETE		ADDITIONS/OFFANGES TO CIT	Change Addition
ŢſŢĿĔ	D MUITE DENINIO	☐ DETE LE	1 1 TITLE		
NAME	WHITE, DENNIS 5502 SOUTH DALE MABRY HV	arv	1,2 NAME		
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14. I do hereby certify that the information supplied with this tiling is voluntarily turnished and does not quality for the exemption stated in Section 118.07(5)(x), include statistics. Holders 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 of changed, or on an attrachment with an address.

SIGNATURE:

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3/15/96

813-837-1841

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