FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000060131 (6)**

1. Corporation Name
TRI COUNTY AUTO UPHOLSTERY, INC.

Principal Place of Business
1145 ENTERPRISE DRIVE
PORT CHAROLOTTE FL

Mailing Address
1145 ENTERPRISE DRIVE
PORT CHAROLOTTE FL

3. Date Incorporated or Qualified **08/03/1995**
3a. Date of Last Report

2. Principal Place of Business 21
Suite, Apt. #, etc 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc 27
City & State 28
Zip 29 Country 30

4. FEI Number **65-0602722** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
DOUGLASS, MICHAEL
1872 SOUTH TAMIAMI TRAIL #D
VENICE FL 34293

10. Name and Address of New Registered Agent
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 607.1508, 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 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DOUGLASS, MICHAEL	1.2 NAME	
STREET ADDRESS	1872 S. TAMIAMI TR., #D	1.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34293	1.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	2.1 TITLE	PTD ☒ Change ☐ Addition
NAME	ORTEGA, BAYARDO	2.2 NAME	ORTEGA, BAYARDO
STREET ADDRESS	23337 HARBOR VIEW DRIVE	2.3 STREET ADDRESS	23337 Harbor View Drive
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	2.4 CITY-ST-ZIP	Port Charlotte, FL 33980
TITLE	VSD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PRATADACRUZ, GUILHERME	3.2 NAME	
STREET ADDRESS	23337 HARBOR VIEW DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 is added in an attachment with an address.

SIGNATURE: BAYARDO ORTEGA, President (941) 625-5272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)