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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

Corporation	MENT #	1 300		63187						
STU & SON MOBILE REPAIR, INC.							1 (881)   1845   1845   1847	***** 45*** 65 18	****** 41(8)	constant gar
Principal Place	e of Business		Me	ai'ing Address						
	RT 3 BOX 322 STARKE FL 32091			RT 3 BOX 322 STARKE FL 32091					P1988 ****	liger imter two vo.
				SIMPLE IF SESS.			3. Date Incorporated or Qualified	3a. Date	of Last [	Pannel
2. Principal Pl	lace of Business		29	Mailing Address			08/14/1995		UI LUG	teport
21			26	Malling Audress			4. FEI Number 59 - 3339048			Applied For
Suite, Apt.	#, etc			Suite, Apt. #, etc.			5. Certificate of Status Desired			Not Applicable  Additional
City & State	9			City & State			6. Election Campaign Financing	L-J		Required
<b>23</b>	<del></del>		28				Trust Fund Contribution			00 May Be ed to Fees
Zip <b>24</b>	25	Country	29	Zip	Countr	У	8. This corporation has liability for			
		Address of Curre	ent Registe	ered Agent	[30]		Florida Statutes Yes  10. Name and Address of New F	Geristered A		
					81	1 Name	19. Comme mile chamber of their	Indiareren vi	Berri	
	PTON, STUART	ΓA			82	2 Street Add	dress (P.O. Box Number is Not Acceptat	No)		
	BOX 322						nood ( 10. Son . son . son . son	ле; 		
7 ANN	KE FL 32091				83	3				
					84	4 City				p Code
						1 1				
11. Pursuant to	o the provisions of	of Sections 607.050	)2 and 607.	1508, Florida Statut	as, the above-	<u>L</u>	ration enhants this statement for the nur	FL mose of change	ĻĻ,	1 4 - 60-
11. Pursuant ti or registere familiar with	o the provisions cad agent, or both n, and accept the	of Sections 607.050 , in the State of Flo ) obligations of, Sec	02 and 607, rida. Such o	1508, Florida Statut change was authoriz 505, Florida Statutes	es, the above ed by the corp	<u>L</u>	ration submits this statement for the pur ard of directors. I hereby accept the app		ging its i gistered	egistered offic agent. I am
tamiliar witi	th, and accept the	e obligations of, Sec	ction 607,05	505, Florida Statutes	3.	-named corpor poration's boa	ло от алестога. т тегеру ассерт тте арди		∐ ging its r ⊛gistered	egistered office agent. I am
signature _	th, and accept the	e obligations of, Sec ted name of registered ager	ction 607,05 int and title it app	505, Florida Statutes	S. DTE Registered Age	<u>L</u>	ad wher reinstaling)	rpose of chang ointment as re	egistered	agent. I am
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SIGNATURE::

INTED NUMBOF SIGNING OFFICER OR DIRECTOR

4.23.96

914 3823 Deytmine Phone #