FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000080159 (3)

RAPID REPAIR OF PORT ST. LUCIE, INC.

Principal Place of Business

Mailing Address

FILED Feb 13 1997 8:00am Secretary of State



121 NORTH N/ PORT ST. LUC	Aranja avenue IIE FL 34983	121 NORTH NARANJA AVENUE PORT ST. LUCIE FL 34983						
2 Principal P	Place of Business	2a. Mailing Address			3. Date Incorporated or Qualified 10/19/1995 4. FEI Number	3a. Date of 05/01/1	996	
21 1888 SKI BAYS HORE BY 426 1888 SKI BAYSHO					65-0636690	i		plied For
Suite, Apt.		Suite, Apt. #, etc.	70410KU KUI		03-0030090	_ 65		t Applicable Additional
27 City & State City & State					5. Certificate of Status Desired	1 1 7 7	Fee Re	
23 PORT ST LUCIE FL 28 PORT ST LUCIE					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
24 Zip 349	23 0	- -	Country ST LVC	16		Yes 🗌 No)	199.032,
					10. Name and Address of New Registered Agent			
FARRELL, RICKEY L ESQ 81 Name								
PORT ST. LUCIE FL 34952				! Address	ddress (P.O. Box Number is Not Acceptable)			
İ			83					
			B4 City			FL 85	1 '	F
onice or r	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida. Such change was au	thorized by the cori	d corporat	tion submits this statement for the president of directors. I hereby accep	rpose of char t the appointm	iging its ient as	s registered registered
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,		0.0.0.00					
	Signature, typed or printed name of registered agent a		Registered Agent signature	e required wh	en reinstating)	DATE		
12.	OFFICERS AND D		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	P DUDLEY BODERT D	DELETE	1.1 TITL€			X 0	hange	Addition
NAME	DUDLEY, ROBERT P.		1.2 NAME		A SULL DA JEJOPO I			
STREET ADDRESS	121 NORTH NARANJA AVENUE		1.3 STREET ADDRESS	1914	TST LUCIE, FL	. 21/98°	₹	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983 V	DELETE	1.4 CITY-ST-ZIP	POR	TST LUCIE, FL	G 4 70~		
TITLE NAME	<u> </u>	∟, DELETE	21 TITLE			**	hange	Addition
STREET ADDRESS	DUDLEY, TINA 121 NORTH NARANJA AVENUE		2.2 NAME	1,91	U SW BAYSHORE	BUVD		
CITY-ST-ZIP	PORT ST. LUCIE FL 34983		2.3 STREET ADDRESS	DI P	y sw b ayshore T st wcie, fl	3498 2	Ś	
TITLE	TOTT OT: LOCIL TE 04303	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	-V~	7 37 600, 10		hange	Addition
NAME			3.2 NAME			_, ,	nange	L Addition
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4 CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE	·		ОС	hange	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY - ST - ZIP					j
TITLE		DELETE	5.1 TITLE	<u> </u>		c	hange	Addition
NAME			52 NAME	ļ				
STREET ADDRESS			5.3 STREET ADDRESS					
CITY - ST - ZIP			5 4 CITY - ST - ZIP					
TITLE		DELETE	6.1 TITLE			□ c	nange	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY - S1 - ZIP					

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 if changed or on an attachment with an address. or on an attachment with an address.