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FILED  
Jun 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000000146 (6)

1. Corporation Name  
ABSOLUTE REBUILDERS, INC.

Principal Place of Business  
14815 ELMONT AVENUE  
SPRING HILL FL 34610

Mailing Address  
14815 ELMONT AVENUE  
SPRING HILL FL 34610-3850



3. Date Incorporated or Qualified  
01/02/1996

3a. Date of Last Report

2. Principal Place of Business

21 14815 Elmont Ave  
Suite, Apt. #, etc.

22 City & State  
23 Spring Hill, FL

24 34610 Country  
25 Pasco

9. Name and Address of Current Registered Agent

SMITHSON, GERALD  
4528 EDITH STREET  
NEW PORT RICHEY FL 34652

2a. Mailing Address

26 14815 Elmont Ave  
Suite, Apt. #, etc.

27 \$  
28 City & State  
29 Spring Hill, FL

29 34610 Country  
30 PASCO

4. FEI Number

59-333-35-28

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SMITHSON, GERALD  
STREET ADDRESS 4528 EDITH STREET  
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE VD  
NAME GIGUERE, ARMAND J  
STREET ADDRESS 14815 ELMONT AVENUE  
CITY-ST-ZIP SPRINGHILL FL 34610

TITLE TD  
NAME GIGUERE, CHANTAL  
STREET ADDRESS 14815 ELMONT AVENUE  
CITY-ST-ZIP SPRINGHILL FL 34610

TITLE SD  
NAME SMITHSON, DAWN  
STREET ADDRESS 6233 12TH AVENUE  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 13 if changed, or on an attachment with an address.

CR2E034 (9/96)