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FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1996

4. FEI Number

59-3333528

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 4526 Edith ST

Suite, Apt. #, etc.

2a. Mailing Address

26 4526 Edith ST

Suite, Apt. #, etc.

City & State

23 New Port Richey FL

City & State

28 New Port Richey FL

24 34652

Country

25 Pnsco

29 34652

Country

30 Pnsco

9. Name and Address of Current Registered Agent

SMITHSON, GERALD
4526 EDITH STREET
NEW PORT RICHEY FL 34652

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

4-12-98

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SMITHSON, GERALD
STREET ADDRESS 4526 EDITH STREET
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE VD ☒ DELETE

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

TITLE TD ☒ DELETE

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

TITLE SD ☒ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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 have given or have authorized 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 in the appointment with an address.

SIGNATURE

4-12-98 813841-9600

CR2E034 (10/97)