.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

4)

DANS STANDARD AUTO & TRUCK SERVICE INC.

Principal Place	of Business	Mailing Address					
8300 58TH STREET NORTH PINELLAS PARK FL 34665 8300 58TH STREET NORTH PINELLAS PARK FL 34665							
				3. Date incorporated or Qualified 12/26/1995	3a. Date of t.as	st Report	
2. Principal Pla	ce of Business	2a. Mailing Address	< 10 11h	4. FEI Number		Applied For	
***************	0-US19 NO	26 13400-1	1214 60	59-3354940		Not Applicable	
Suite, Apt. # 22 City & State	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	LJ F	.75 Additional ee Required	
23 Clear	WATER FL	City & State	er FC	6. Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees	
Zip	Country	Zφ	T .Country	8. This corporation has liability for i		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
24 34620 25 VinellAS 29 34660			30 Pinellas	Florida Statutes X Yes No			
	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent		
			81 Name				
	IGTON, DAN			dress (P.O. Box Number is Not Acceptable	le)	* 1*.4 - 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	h street north 5 Park FL 34665		83	00-121200			
PINCLUAG	9 FANK FL 34003				,		
• •			84 Cly	(whice)	FI 85	Zip Code ろくい る	
11. Pursuant to	the provisions of Sections 607,0502 a	and 607.1558, Florida Statut	es, the above named corp	poration submits this statement for the purporation of directors. Thereby accept the appo	pose of changing	its registered office	
or registere familiar with	d age 1, or both, in the State of Florida r, a location the obligations of Sectio	u Such change was authorize n 607.0505 Hohan Statutes	ed by the corporation's bo	pard of directors. I hereby accept the appo	ointment as régiste	ered agent. I am	
SIGNATURE:	Valo alture	4	_	therinaton)	Phile	(_	
	liginature, typed or printed name of registered agent as	nd adio if appolicable. [NC]	TE: Registered Agent signature requ	iren whon reinstaing	DATE		
12	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF			
TITLE	DY DAN DAN	[]] DEFE 16	1. 1 TIME	lice President	🌠 Chan	nge 🔲 Addition	
NAME STREET ADDRESS	WITHERINGTON, DAN 8300 58TH STREET NORTH			DAn Witherington			
CITY-ST-ZIP	PINELLAS PARK FL 34665		1.3 STREET ADDRESS	13400 US 19 North Deaccase Fl Bulls	.H.		
TITLE	D	LJ DETE		President	Chan	nge [] Addition	
NAME	WITHERINGTON, MAUREEN	E.13	2.2 NAME	Manisch Mitheringto		- L. 110011011	
STREET ADDRESS	8300 58TH STREET NORTH			13400 US 19 North			
CITY+ST-ZIP	PINELLAS PARK FL 34665		2 4 CITY - ST - ZIP	OPERIWAYER, PL BYLL	34		
TITLE		[] DELFTE	3. 1 1117.6		Chan	ige Addition	
NAME			3.2 NAME 💆 🖰		·		
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP TITLE		["] DELETE	3.4 CITY - S) - ZIP 4. 1 TITLE		C) Char	as [""] Buldition	
NAME		LI DELKII	4.2 NAME		Chan	ige Addition	
STREET ADDRESS			4.3 STREET ADDRESS				
CITY+ST-ZIP	•		4.4 CITY - S1 - ZIP				
TITLE		[] DELETE	5. 1 Till (£	**** ATTS ATTS ATTS ATTS	Ger	nge Addition	
NAME			5.2 NAME	90000183 -05/23/96010	26032 26 T I I		
STREET ADDRESS			5.3 STREET ADDRESS	***200.00	JU 000		
CITY-ST-ZIP			5.4 CITY - ST - ZIP				
TITLE		DELETÉ	6. 1 TITLE		Chan	ige [] Addition	
NAM:			6.2 NAME			C-1-96	
STREET ADDRESS			6.3 STREET ADDRESS			ASE-	
CiTY-ST-ZiP	certify that the information curvited w	ith this films is unfuntarily fore	6.4 CITY-ST-7IF	y for the exemption stated in Section 119.	07/2\04 Electe 0	otutoo I fi refiner	
Certify that	ine information indicated on this annua	il renort or supplemental ann	ual renod is true and accu	y for the exemption stated in Section 1193, yrate and that my signature shall have the this report as required by Chapter 607, Flo	earma laggal affact :	ac if mada undar	

SIGNATURE:

SONATURE AND TYPED OR PRINTED NAME OF SIGNING AFFICER OR DIRECTOR

3/26/8/ 813-539-6566

CR2E034 (12/95)