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Mar 26 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000019922 (9)

1. Corporation Name  
A D AUTO MACHINE SHOP, INC.



Principal Place of Business  
3020 CYPRESS GARDENS RD.  
WINTER HAVEN FL 33884

Mailing Address  
3020 CYPRESS GARDENS RD.  
WINTER HAVEN FL 33884-2257

3. Date Incorporated or Qualified  
03/01/1996

3a. Date of Last Report

2. Principal Place of Business 21 5585 Commercial Blvd. Suite, Apt. #, etc. 22 City & State 23 Winter Haven, FL 24 Zip 33880-1009 Country Polk	2a. Mailing Address 26 5585 Commercial Blvd. Suite, Apt. #, etc. 27 City & State 28 Winter Haven, FL 29 Zip 33880-1009 Country Polk	4. FEI Number 59-3371116 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent BAKER, MANUEL 3020 CYPRESS GARDENS RD. WINTER HAVEN FL 33884	10. Name and Address of New Registered Agent 81 Name William F. Roberts 82 Street Address (P.O. Box Number is Not Acceptable) 175 Palm Drive SW 83 84 City Winter Haven, FL 85 Zip Code 33880
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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 William F. Roberts, President  
Signature of a registered agent or registered agent and title, if applicable.  
(NOTE: Registered Agent signature required when reinstating)  
DATE 2-3-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 1 D KENNEDY, TOM 157 LAKE ROY DR. WINTER HAVEN FL 33884	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D BAKER, MANUEL 3807 GAINES DR., SE WINTER HAVEN FL 33884	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP President William F. Roberts 175 Palm Drive SW Winter Haven, FL 33880	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 stated 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.

SIGNATURE: William F. Roberts  
Signature and Typed or Printed Name of Signing Officer or Director  
Date 2-3-97  
Daytime Phone 941-293-2444

CR2E034 (9/96)