

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

FILED

Feb 28 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 # P96000025796 (9)

1. Corporation Name
MOOG ROAD AUTO SERVICE, INC.



Principal Place of Business
1737 PENNSYLVANIA AVE
PALM HARBOR FL 34683

Mailing Address
1737 PENNSYLVANIA AVE
PALM HARBOR FL 34683-3654

2. Principal Place of Business

21 5516 Moog Road

Suite, Apt. #, etc.

22
City & State
23 Holiday FL

Zip
24 34690

Country
25 Pasco

2a. Mailing Address

26 5516 Moog Road

Suite, Apt. #, etc.

27
City & State
28 Holiday FL

Zip
29 34690

Country
30 Pasco

3. Date Incorporated or Qualified

03/19/1996

3a. Date of Last Report

4. FEI Number

59-3352564

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

9. Name and Address of Current Registered Agent

GAMBERT, ROGER W
1737 PENNSYLVANIA AVE
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name
David L. Gambert
82 Street Address (P.O. Box Number is Not Acceptable)
5516 Moog Road
83
84 City
Holiday FL 85 Zip Code
34690

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

David L. Gambert
Signature (Type or printed name of registered agent and title if applicable)

David L. Gambert

(NOTE: Registered Agent signature required when reinstating)

DATE

2/21/97

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | GAMBERT, DAVID L | |
| STREET ADDRESS | 1737 PENNSYLVANIA AVE | |
| CITY-ST-ZIP | PALM HARBOR FL 34683 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | BACHER, SCOTT | |
| STREET ADDRESS | 1737 PENNSYLVANIA AVE | |
| CITY-ST-ZIP | PALM HARBOR FL 34683 | |
| TITLE | STD | <input checked="" type="checkbox"/> DELETE |
| NAME | GAMBERT, ROGER W | |
| STREET ADDRESS | 1737 PENNSYLVANIA AVE | |
| CITY-ST-ZIP | PALM HARBOR FL 34683 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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.

SIGNATURE:

David L. Gambert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David L. Gambert

2/21/97
Date

813/842-2716
Daytime Phone #

CR2E034 (9/96)