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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000032700 (2)

KEN'S AUTO SERVICE & REPAIR, INC. Principal Place of Business Mailing Address 341 GARY ROAD NORTH 341 GARY ROAD NORTH LAKELAND FL 33801 LAKELAND FL 33801 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>04/16/1996</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3365372 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country 8. This corporation owes or has paid the currept year Intangible Personal Property Tax due June 30. Yes No 29 Personal Property Tax due June 30. 24 25 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LOCKHART, KENNETH 341 GARY ROAD NORTH 82 Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33801 83 84 City 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** Signatore, typed or project came of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change LOCKHART, KENNETH NAME 1.2 NAME

___ Addition 341 GARY ROAD NORTH STREET ADDRESS 1.3 STREET ADORESS LAKELAND FL 33801 CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME PHILBROOK, JOHN 22 NAME STREET ADDRESS 341 GARY ROAD NORTH 2.3 STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33801 2. 4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-2IP DELETE Addition 5.1 TITLE Change TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6 1 TITLE NAME 62 NAME STREET ADDRESS 63 STREET ADORESS

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 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 fustee empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, grion an attachment with an address.

SIGNATURE: Lemet Routhar 15EN Bode

ISEN BOOKHANT 2-9-98 -941-6834097

FILED

Feb 13 1998 8:00am

Secretary of State

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