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 #
1. Corporation Name P96000051385 (8)

ULTIMATE AUTO REPAIR INC.

FILED May 08 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address	,		BINDA GLOOD STIDS INTOS NATURALISMOS
2297 LAKE A	VE	2297 LAKE AVE			
C8		C6		DO NOT WRITE IN THE	C CDACE
LARGO FL 33771 US		LARGO FL 34643 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
00		00		06/17/1996	
2. Principal P	Place of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		59-3386463	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Cultimode of Claims Bosines	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	 This corporation owes or has paid the opersonal Property Tax due June 30. 	ves No
24	9. Name and Address of Curre		30	10. Name and Address of New Registere	
CA	RUANA, ROBERT J		B1 Name		
2297 LAKE AVE			82 Street Add	ross (D.O. Boy Number is Not Assesseble)	
C6			92) Straft Add	ress (P.O. Box Number is Not Acceptable)	
LARGO FL 33771			83		
			84 City		as Zin Codo
			Oily	F	E 85 Zip Code
ì	to the provisions of Sections 607.05 registered agent, or both, in the Stat im fabiliar with, and accopt the oblig	02 and 607.1508, Florida Statu e of Florida. Such change was gations of Section 607.0805 Fl	les, the above-named cor authorized by the corpora orida Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered ppointment as registered
SIGNATURE	Signature, type-lifer prime in name of registered as	gent and fille if applicable (NOT	E: Hegistered Agrent signaturo requ	ired when reinstating) DATE	<u>~o</u>
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P	☐ DELET e	1.1 TITLE		Change Addition
NAME	Caruana, Robert Jr		1.2 NAME		
STREET ADDRESS	2297 LAKE AVE C8		1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		1.4 CITY - ST - ZIP		<u> </u>
TITLE	ŠT	DELETE	2.1 TITLE		Change Addition
NAME	CARUANA, KELLY		. 2.2 NAME		
STREET ADDRESS	2297 LAKE AVE C6		2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	DELETE	2. 4 CITY - ST - ZIP		Change Addition
TITLE		T DETECT	3.1 TITLE		☐ results ☐ Modition ☐
NAME PERFET ADDRESS			3.2 NAME		
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS		
TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TIFLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CHY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 eath; 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 chapter 607, or or an attachment with an oddress.

(812) 582-1559