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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 09 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

City - St - ZiP

SIGNATURE:

SIGNATURE AND TYPE

DOCUMENT # P96000053844 (2)

FLORIDA RECONDITIONING, INC.

Mailing Address Principal Place of Business 418 CITRUS LANE 418 CITRUS LANE MAITLAND FL 32751 MAITLAND FL 32751-5973 3. Date Incorporated or Qualified 3a. Date of Last Report 06/24/1996 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 2667 ULTKA VUTA DK ULTRA VIDTA DR Fee Required 2661 22 City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country Country 8- This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ひねいり BRYANT, DAVID J (P.O. Box Number is Not Acceptable) 418 CITRUS LANE 82 Street **MAITLAND FL 32751** 83 RA City 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. BRYANT DAVID SIGNATURE (NOTE: Registered Agent signature d agent and title it applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change ☐ Addition 1.1 TITLE 1111 D 1.2 NAME NAME BRYANT, DAVID J ULTRA VIOTA ON STREET ADDRESS 418 CITRUS LANE 1.3 STREET ADDRESS 32751 MAITLAND FL 32751 1.4 CITY-ST-ZIP C(1Y - S1-7IP Addition DELETE 21 TITLE Change TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP C/TY+ST+2/F DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY - \$1 - 71f DELETE Change Addition 41 TITLE THILE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHY-\$1-7/F DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CiTY - ST - 7iP CHY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 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.