## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97; \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT 1997



## FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600054205 (5)

HOSIER AUTO SERVICE, INC.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 JUL 28 AH 8: 51



| Principal Place of Business Mailing Address     |   |   |  |  |                                      |                          |                                      |  |                         |   | JI <b>G</b> IJI <b>IBU</b> I |
|---|---|---|--|--|--------------------------------------|--------------------------|--------------------------------------|--|-------------------------|---|------------------------------|
|   |   |   |  | 1 8TH STREET WEST<br>RADENTON FL 34205                                   |                                      |                          |                                      | DO NOT WRITE   | IN THIS S               | PACE  |                              |
|   |   |   |  |  |                                      |                          |                                      | 3. Date Incorporated or Qualified 06/25/1996   | 1                       | te of Last Re                                     | eport                        |
| 2. Principal Place of Business                  |   |   |  | 2a. Mailing Address  |                                      |                          |                                      | 4. FEI Number  |                         | _ <del>                                    </del> | plied For                    |
| 21  |   |   |  | 26   |                                      |                          |                                      | 650671987  |                         |   | t Applicable                 |
| Suite, Apt. #, etc.                             |   |   |  | Suite, Apt. #, etc.  |                                      |                          |                                      | 5. Certificate of Status Desired   |                         | \$8.75 A  | equired                      |
| City & State                                    |   |   |  | City & State   |                                      |                          |                                      | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees       |                         |   |                              |
| Zip   | <u></u>   |   |  | Zip Country  |                                      |                          | ′                                    | 8. This corporation owes or has paid the current year Intangible                         |                         |   |                              |
| 24  | 25 29   |   |  |  | 30                                   |                          |                                      | Personal Property Tax due June 30. Yes No  |                         |   |                              |
|   |   | and Address of Curr   | ent Regis                                | tered Agent  |                                      | 81                       | T                                    | 10. Name and Address of New Reg  | istered A               | gent  |                              |
| ZEJAYAO, 10E                                    |   |   |  |  |                                      |                          | Name                                 |  |                         |   |                              |
| 4704 5TH STREET WEST<br>BRADENTON FL 34207-2101 |   |   |  |  |                                      | 82                       | Street Add                           | ress (P.O. Box Number is Not Acceptable  | e)                      |   |                              |
|   |   |   |  |  |                                      | 83                       |                                      |  |                         |   |                              |
|   |   |   |  |  |                                      | 84                       |                                      |  | FL                      |   | Code                         |
| 11. Pursuant t<br>office or re<br>agent. Lar    | to the provis<br>egi <b>ste</b> red ag<br>m <b>fam</b> iliar wi | ions of Sections 607.0<br>jent, or both, in the Sta<br>th, and accept the obl | 502 and 6<br>te of Florid<br>igations of | 07.1508, Florida Statu<br>da: Such change was<br>f, Section 607.0505, Fl | tes, the a<br>authorize<br>orida Sta | abovi<br>ed by<br>atute: | e-named corp<br>y the corporat<br>s. | poration submits this statement for the patients board of directors. I hereby acceptions | urpose of<br>I the appo | changing its<br>sintment as                       | s registered<br>registered   |
| SIGNATURE                                       |   | •   |  |  |                                      |                          |                                      |  |                         |   |                              |
|   | Signature, typed  | or printed name of registered   | agont and title                          | if applicable. (NO   | E: Register                          | ed Age                   | ent signature requi                  | red when reinstaling)  | DATE                    |   |                              |
| 12.   |   | OFFICERS A  | ND DIREC                                 |  | 13.                                  |                          |                                      | ADDITIONS/CHANGES TO OFFIC   | ERS AND                 |   |                              |
| TITLE   | D   | MOUATI E  |  | ☐ DELETE   | 1.1                                  |                          |                                      | Ramanaa  | )==                     | Change  | Addition                     |
| NAME  |   | MICHAEL E   |  |  | 1.2                                  | IAME                     |                                      | -08/04/  | 17I                     | 1163=-  | n14                          |
| STREET ADDRESS                                  |   | STREET WEST   |  |  | 1.3                                  | STREET                   | ADDRESS                              | 6000023<br>-08/04/9<br>****169   | 5.00                    | ****  | šŝioo li                     |
| CITY-ST-ZIP                                     | PHYLLEN   | TON FL 34205  |  | Delete   |                                      |                          | ST - ZIP                             |  |                         |   |                              |
| TITLE   |   |   |  | ☐ DELETE   | 2.1                                  |                          |                                      |  |                         | Change  | ☐ Addition                   |
| NAME  |   |   |  |  |                                      | IAME                     |                                      |  |                         |   | •                            |
| STREET ADDRESS                                  |   |   |  |  |                                      |                          | ADDRESS                              |  |                         |   |                              |
| CITY-ST-ZIP                                     |   | · · · · · · · · · · · · · · · · · · ·   |  | ☐ DELETE   | 2. <u>4</u><br>3.1                   |                          | ST - ZIP                             |  |                         | Change  | Addition                     |
| TITLE   |   |   |  | בין מבננוג   |                                      |                          |                                      |  |                         | Change  | Addition                     |
| NAME<br>BIDGET ADDOCCO                          |   |   |  |  |                                      | VAME<br>TOUCT            | ADDRESS                              |  |                         |   |                              |
| STREET ADDRESS                                  |   |   |  |  |                                      |                          |                                      |  |                         |   |                              |
| CITY-ST-ZIP<br>TITLE                            |   |   |  | DELETÉ   |                                      | ITLE                     | ST-ZIP                               |  |                         | Change  | Addition                     |
| NAME  |   |   |  |  |                                      | NAME                     |                                      |  |                         |   |                              |
| STREET ADDRESS                                  |   |   |  |  |                                      |                          | ADDRESS                              |  |                         |   | 1                            |
| CITY-ST-ZIP                                     |   |   |  |  |                                      |                          | ST-ZIP                               |  |                         |   |                              |
| TITLE   |   |   |  | ☐ DELETE   | 51                                   |                          | 71 - 211                             |  |                         | ☐ Change  | Addition                     |
| NAME  |   |   |  |  | 521                                  | IAME                     |                                      |  |                         |   |                              |
| STREET ADDRESS                                  |   |   |  |  |                                      |                          | ADDRESS                              |  |                         |   |                              |
| CITY-ST-ZIP                                     | \   |   |  |  |                                      |                          | ST-ZIP                               |  |                         |   |                              |
| TITLE   | 1   | <del> </del>  |  | ☐ DELETE   | 61                                   |                          |                                      |  |                         | Change  | Addition                     |
| NAME  | P   |   |  |  | 621                                  | IAME                     |                                      |  |                         |   |                              |
| STREET ADDRESS                                  |   |   |  |  | 63                                   | STREET                   | ADDRESS                              |  |                         | K   | WM                           |
| 0171/ 07 7/0                                    |   |   |  |  |                                      |                          |                                      |  |                         |   | ]                            |

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.