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May 14 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 # P96000061316 (1)

1. Corporation Name
HWY 40 AUTO REPAIR INC.

Principal Place of Business
10777 A E. HWY 40
SILVER SPRINGS FL 34488

Mailing Address
10777 A E. HWY 40
SILVER SPRINGS FL 34488-2347



3. Date Incorporated or Qualified 07/15/1996
3a. Date of Last Report

4. FEI Number
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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

BROWN, ROBERT S
11655 NE 10TH STREET
SILVER SPRINGS FL 34488

10. Name and Address of New Registered Agent

81 Name Jennifer L. Posar
82 Street Address (P.O. Box Number is Not Acceptable)
1930 N.E. 117TH AVE
83
84 City Silver Springs FL 85 Zip Code 34488

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 Jennifer L. Posar
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE Secretary ☒ DELETE
NAME Robert T. STANGER
STREET ADDRESS 11655 NE 115TH AVE
CITY-ST-ZIP Silver Springs FL 34488

TITLE President ☐ DELETE
NAME JAMES BOYAN
STREET ADDRESS 11655 NE 115TH AVE
CITY-ST-ZIP Silver Springs FL 34488

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Secretary ☐ Change ☒ Addition
1.2 NAME Laura Boyan
1.3 STREET ADDRESS 11655 NE 115TH AVE
1.4 CITY-ST-ZIP Silver Springs FL 34488

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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.

SIGNATURE: James Boyan James Boyan
Signature and typed or printed name of signing officer or director

4-29-97 (352) 625-2411
Date Daytime Phone #

CR2E034 (9/96)