

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

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000068399 (0)

1. Corporation Name

S.O.S. REPAIRS, INC.

Principal Place of Business

Mailing Address

430 HWY 393 S  
SUITE D  
SANTA ROSA BEACH FL 32459  
US

PO BOX 1611  
SANTA ROSA BEACH FL 32459  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1996

4. FEI Number

59-3395924

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 owes or has paid the current year intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 435 Hwy 393 South

Suite, Apt. #, etc.

22 Suite D

City & State

23 Santa Rosa Beach, FL

Zip

24 32459

Country

25 USA

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUNN, JOHN A  
130 SKY HIGH DUNE DR  
SANTA ROSA BEACH FL 32459

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

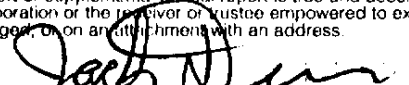
DATE

12. OFFICERS AND DIRECTORS	
TITLE	S <input type="checkbox"/> DELETE
NAME	KOTKE, DEBBIE
STREET ADDRESS	10221 W EMERALD COAST PARKWAY #20
CITY-ST-ZIP	DESTIN FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	DUN, JOHN A
STREET ADDRESS	130 SKY HIGH DUNE DR
CITY-ST-ZIP	SANTA ROSA BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kotke, Debbie
1.3 STREET ADDRESS	P.O. Box 1611 435 Hwy 393 S. Suite D
1.4 CITY-ST-ZIP	Santa Rosa Beach, FL 32459
2.1 TITLE	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dunn, John A.
2.3 STREET ADDRESS	130 Sky High Dune Drive
2.4 CITY-ST-ZIP	Santa Rosa Beach, FL 32459
3.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Brasseur, Michel
3.3 STREET ADDRESS	P.O. Box 1611 435 Hwy 393 S. Suite D
3.4 CITY-ST-ZIP	Santa Rosa Beach, FL 32459
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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:



(850) 2107-1117

CR2E034 (10/97)