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

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000074870 (2)

R & R AUTO REPAIR, INC.

Principal Place of Business Mailing Address 6014 E. HILLSBOROUGH AVENUE 6014 E. HILLSBOROUGH			VENUE			
UNIT C TAMPA FL 33810-5404		UNIT C TAMPA FL 33610-5405		3. Date Incorporated or Qualified	3a. Date of La	st Report
				08/30/1996		
	lace of Business	2a. Mailing Address		4, FEt Number		Applied For
		26		59-33982	·	Not Applicable
Suite, Apt #, etc. 27		Suite, Apt. #, etc.		5. Certificate of Status Desired	3 1	5 Additional e Required
		City & State	**************************************	6. Election Campaign Financing \$5.00 May E		
23		28		Trust Fund Contribution		ded to Fees
Ζιρ 24	Country 25	Zip 29	Country 30		⊈Yes ☐ No	er s. 199.032,
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Re	gistered Agent	
	ers, natasha		81 Name			
	E. HILLSBOROUGH AVENUE		82 Street Ad	ldress (P.O. Box Number is Not Acceptab	л <mark>е</mark>)	
UNIT	C PA FL 33610-5404		83			********************************
IAMI	FA FL 30010-0404					
			84 City		FL 85 7	Zip Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statute	es, the above-named co	orporation submits this statement for the pration's board of directors. I hereby accep	urpose of changir	ng its registered
office or r agent. I a	registered agent, or both, in the Sta im familiar with, and accept the ob	ate of Florida. Such change was a digations of, Section 607.0505, Flo	authorized by the corpor orida Statutes.	ration's board of directors. I hereby accep	at the appointment	t as registered
SIGNATURE.	·					
	Signature, typed or printed rame of registered		E: Registered Agent signature red		DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	
HILE	DP	☐ DELETE	1.1 TITLE			ibe [_] Moniton
NAME	ROGERS, NATASHA	itan it	1.2 NAME			
STREET AUDRESS	6014 E. HILLSBOROUGH AV	ENUE	1.3 STREET ADDRESS			
CHY-ST-7IP TITLE	TAMPA FL 33610-5404	DELETE	1.4 DITY-ST-ZIP 21 TITLE		☐ Çhan	nge Addition
		E DERETE	22 NAME			igo Eminorion
NAME OFFICE ADDRESS			23 STREET ADDRESS			
STREET ADDRESS						
CITY-ST-ZIF TITLE		DELETE	2 4 City-St-ZiP 31 Title		☐ Char	nge Addition
NAME			32 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - S1 - 7IP			3.4 CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE	*****	☐ Char	nge Addition
NAME			4. 2 NAME	·	-	
STREET ADDRESS			4.3 STREET ADDRESS		•	•
CITY - S1 - 2(P			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Char	nge Addition
NAMÉ			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS	-		
CITY - \$1 - ZIP			5.4 CITY+ST-ZIP			
7111.6		☐ DELETE	6.1 TITLE		Char	nge Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
СЛY-ST-7IP			6.4 CITY-ST-ZIP			
intormatic Famian o	on indicated on this secural recent i	or supplemental annual report is t a or the receiver or trustee empow	rue and accurate and tr rered to execute this rec	ted in Section 119.07(3)(i), Florida Statute hat my signature shall have the same lega port as required by Chapter 607, Florida S	ii pirect ac it mana	e iinder nam ina

SIGNATURE:

NATASHA ROGGES

FILED

Feb 24 1997 8:00am

Secretary of State

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