

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000082472 (7)

1. Corporation Name
USA CAR CARE, INC.

Principal Place of Business

101 WEST ALFRED STREET
TAVARES FL 32778

Mailing Address

101 WEST ALFRED STREET
TAVARES FL 32778-3201

FILED
Jun 03 1997 8:00am
Secretary of State



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 P. O. Box 1290

Suite, Apt. #, etc.

27 City & State

28 TAVARES FL

Zip

29 32778

Country

30 USA

3. Date Incorporated or Qualified

10/02/1996

3a. Date of Last Report

4. FEI Number

59-3408882

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

S-CORP.

9. Name and Address of Current Registered Agent

TEDDER, BEVERLY J
5300 SOUTH INDIAN RIVER DRIVE
FT PIERCE FL 34982

10. Name and Address of New Registered Agent

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 D
NAME TEDDER, BEVERLY J
STREET ADDRESS 5300 SOUTH INDIAN RIVER DR
CITY-ST-ZIP FT PIERCE FL 34982

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P.
12 NAME BEVERLY J. TEDDER
13 STREET ADDRESS P. O. Box 1290
14 CITY-ST-ZIP TAVARES FL 32778

☐ Change

☒ Addition

21 TITLE V.P.
22 NAME BARBARA OPRANDI
23 STREET ADDRESS P. O. Box 1290
24 CITY-ST-ZIP TAVARES FL 32778

☐ Change

☒ Addition

31 TITLE S/T
32 NAME DAWN GRIFFIN
33 STREET ADDRESS P. O. Box 1290
34 CITY-ST-ZIP TAVARES FL 32778

☐ Change

☒ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change

☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change

☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change

☐ Addition

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 BEVERLY J. TEDDER (A) 4/11/97 (407) 888 1133

CR2E034 (9/96)