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 # P96000085210 (8)

RICK'S AUTO AIR, INCORPORATED

FILED Apr 09 1997 8:00am Secretary of State



Principal Place	al Place of Business Mailing Address				T TA BING BY 150 HOLLE BYING BONN BONN BONN BEIN BEIN BYING BING BYING HERE HON ORN TOOL			
6724 17TH LANE NORTH ST PETERSBURG FL 33702-6532		6724 17TH LANE NORTH ST PETERSBURG FL 33702-6532						
					3. Date Incorporated or Qualified 10/15/1996	3a. Date	of Last R	eport
2. Principal Pi	acc of Business	2a. Mailing Address			4. FEI Number		- V	plied For
21 731 1	band Avenue North	26						ot Applicable
Suite, Apt 1		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State 23 Pinell	us fark, Florida	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
Zip	Country	Zip	Country	,	8. This corporation has liability for in			
24 37 66	5 25 Pinellas	29	30				No	
•.	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	listered A	<u>jent</u>	
600	RIS, LAUREL 1ST AVENUE NORTH E 301		81		ress (P.O. Box Number is Not Acceptab	le)		
	PETERSBURG FL 33701		83					
			84	City		FL	85 Zip	Code
44 70	to the provisions of Sections 607.050	O and CO7 1500 Florida Sta	tutos tha		poration submits this statement for the p		<u> </u>	o rociotored
agent Lar SIGNATURE ,	egistered agent, or both, in the State in familiar with, and accept the obliga	ations of, Section 607.0505,	Florida Stalite	S.	ation's board of directors. I hereby accep		ntment as	registered
	Styrucus: Greek or printed name of registered age. OFFICERS ANI		NOTE Registere: Age	ent signature nequ	ired when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE EOC AND	DIDECTOR	OC 161 12
12.				····	ADDITIONS/CHANGES TO OFFIC		Change	Addition
	President) Treasurer		1.1 TITLE			L	CHRINGE	L. Addition
NAME	Kenneth R. Harris : 6734-174 Lune North	7 (•	1.2 NAME					
STREET ADDRESS	Stational more	21702	and the second	ADDRESS				
CITY - ST - ZIP	St. Terriby M. PC	Aary DELETE	1,4 CITY-5 2.1 TITLE	51 · ZIP	······································		Change	Addition
TiTLE	Stitutersburg FL Kicetrosident Secri Laurel A. Harris	L been				L.	Change	7.00(IIDI)
NAME	LAUTE A. TELPAS	,	2.2 NAME					
1	by the ware No) PM-	2.3 STREET					
CHY-SI-ZIP T-ILF	St, telesburg PL	DELETE	2.4 CITY - 31 TITLE	S1 · ZIP		· · · · · ·	Change	Addition
	_	L_J betere					change	Audition
NAME			32 NAME					
SYREET ADDRESS 1								
				ADDRESS				
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CHY+ST-ZIP HTLF NAME		DELETE	3.4. CITY- 4.1 TITLE 4.2 NAME	ST-ZIP			Change	Addition
CHY-S1-ZIP HITE NAME STREET ADDRESS		☐ DELETE	3.4. CITY- 4.1 TITLE 4.2 NAME 4.3 STREE	ST-ZIP			Change	Addition
COLY - ST - ZIP TITLE NAME STREET ADDRESS CCLY - ST - ZIP		_	3.4. City- 4.1 Title 4.2 Name 4.3 Stree* 4.4 City-	ST-ZIP				Addition
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1. 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 charged, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

316-97 813-54-931=