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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Worthism

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000095758 (4)

HOT SHOT MAINTENANCE, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

2400 WEST NEW NOLTE ROAD SAINT CLOUD FL 34772

2. Principal Place of Business

2400 WEST NEW NOLTE ROAD SAINT CLOUD FL 34772-7686

FILED May 02 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For



3. Date Incorporated or Qualified

11/22/1996

4. FEI Number

1 [26 [1 2/ 2/20/00	[Not Applicable	
26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State		6. Election Campaign Financing	\$5.00 May Be	
28		Trust Fund Contribution	Added to Fees	
Zip Country Zip	Country	This corporation has liability for intangible		
4 25 29 30	<u> </u>	Florida Statutes Yes		
9. Name and Address of Current Registered Agent	81 Name	10. Name and Address of New Registered	Agent	
CORPORATION SERVICE COMPANY	Debr	AD. Bronson		
1201 HAYS STREET		82 Street Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301-2525	83 400	400 W. NEW WOLLE RG.		
•	5T. C1	hud		
·	84 City	Fi	85 Zip Code	
At Discourse the Company of the Comp		<u> </u>	-1 134JJE	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, offlet or registered agent, or both, in the State of Florida. Such change was autagent. I am pagillar with, and accept the obligations of, Section 607.0505, Florida.	the above-hamed corp horized by the corporati	oration submits this statement for the purpose (ion's board of directors. I hereby accept the ap	or changing its registered pointment as registered	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Floric	la Statutes.	21-11		
SIGNATURE Delha D. Granson		3/3//	97	
Signature, typed or printed name of registered agont and tile if emplicable (KOTE: 8 12. OFFICERS AND DIRECTORS	rgistored Agent signature require	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE PD DELETE	1.1 1011 8	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition	
NAME 59 BRONSON, DEBRA D	1.2 NAME			
STREET ADDRESS 2400 WEST NEW NOLTE ROAD	1.3 STREET ADDRESS			
CITY-ST-ZIP SAINT CLOUD FL 34772	1.4 GITY-ST-ZIP			
TITLE STD DELETE	2.1 TITLE		Change Addition	
NAME BRONSON, DOUGLAS	2.2 NAME			
STREET ADDRESS 2400 WEST NEW NOLTE ROAD	2.3 STREET ADDRESS			
CITY-ST-ZIP SAINT CLOUD FL 34772	2 4 CITY - S1 - 7IP			
TITLE DELETE	31 FITLE		Change Addition	
NAME	3.2 NAME			
STREET ADDRESS	3.3 STREET ADDRESS			
City-SI-ZIP	3,4. CITY- ST- ZIP			
TITLE DELETE	4.1 YITLE		Change Addition	
NAME	4, 2 NAME		•	
STREET ADDRESS	4.3 STREET ADDRESS			
CITY-ST-ZIP	4.4 CITY+ST+7IP			
TITLE DETETE	51 TITLE		Change Addition	
NAME	5.2 NAME			
STREET ADDRESS	5.3 STREET ADDRESS			
CITY-S1-ZIP	5.4 CITY - S1 - ZIP			
TITLE DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME	62 NAME		•	
STREET ADDRESS	6.3 STREET ADDRESS		·	
CITY-ST-ZIP	6.4 CITY-ST-ZIP			
14. I do hereby certify that the information supplied with this filling does not qualify the	or the execution stated	in Section 119 07/3)(i) Florida Statutes, I furthe	er certify that the	