May 10, 1999 8:00 am Secretary of State

05-10-1999 90178 030 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000020793

1. Corporation Name

IOHN'S REPAIR SPECIALIST, INC.

UO/III U	TIET AIT OF COIACIOT, INC.												
Principal Place	e of Business	M	ailing Address	S				7	1 19611801 110 18111 \$EDIT OBJU <b>32</b> 1				
2816 SW 17TH PLACE 2816 SW 17TH PLACE													
CAPE CORAL FL 33914 CAPE CORAL FL 33914													
									DO NOT WRITE IN THIS SPACE				
									Date Incorporated or Qualifed			İ	
									03/03/1997				
2. Principal P	lace of Business	2a.	Mailing Add	ress				4.	FEI Number		L A	pplied For	
21								_	65-0727362		N	ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					-	Certifcate of Status Desired			Additional	
22			27				_	J. 3.	Certificate of Status Desired		Fee R	equired	
City & State			City & State					_6.	Election Campaign Financing		\$5.00	-May Be	
23		28							Trust Fund Contribution		Added	to Fees	
Zip	Country		Zip		Count	iry		8.	This corporation owes the curre	ent year Int	angible	ļ	
24	25 29 30				0				Personal Property Tax.		Yes	□No	
	9. Name and Address of Curre	nt Regis	tered Agent					10.	Name and Address of New R	egistered .	Ágðnt		
					8	11	Name					}	
Slater, <b>Deanna</b>						22	Street Addr	oce /D	O Roy Number is Not Accepta	ble)		———	
2816 SW 17TH PLACE					ľ	82 Street Address (P.O. Box Number is Not Acceptable)						ł	
CAPE CORAL FL 33914					8	33							
					L	·							
					8	34	City			FL	85 Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,							-named com	oration	n submits this statement for the		changing its	s registered	
office or r	egistered agent, or both, in the State	of Florid	da. Such chai	noe was auti	horized b	ov ti	he corporation	on's bo	pard of directors. I hereby accept	t the appoir	ntment as re	egistered	
agent. I a	m familiar with, and accept the oblig-	ations of	. Section 607	.0505, Florid	a Statute	es.				-			
SIGNATURE			if an elizable	(NOTE: D	austored A	nont	signature require	d udon n	ninetation)	DATE			
12.	Signature, typed or printed name of registered age OFFICERS A			(NOTE: N	13.	gont	aignatore require		ADDITIONS/CHANGES TO OF		D DIRECTO	ORS IN 12	
TITLE	P	TD Dirte		DELETE	1.1 TITLE	=					Change	Addition	
	SLATER, JOHN A JR				1.2 NAM!		Ì						
NAME	2816 SW 17TH PL						*DODESS						
STREET ADDRESS	CADE CODAL EL 22014				1.3 STREET ADDRESS							}	
CITY-ST-ZIP	ST CAPE CORAL FL 33914			DELETE	1.4 CITY		-ZIP				Change	☐ Addition	
TITLE				JELETE	2.1 TITLE						□ onange		
NAME	SLATER, DEANNA				2.2 NAME							ļ	
STREET ADDRESS	2816 SW 17TH PL				2.3 STRE	EET A	ADDRESS					,	
CITY-ST-ZIP	CAPE CORAL FL 33914				2.4 CITY		-ZIP						
TITLE				DELETE	3.1 TITLE	E					☐ Change	☐ Addition	
NAME					3.2 NAMI	E							
STREET ADDRESS					3.3 STRE	EET A	ADDRESS					}	
CITY- ST- ZIP			_		3.4. CITY	-ST	- ZIP						
TITLE				DELETE	4.1 TITLE	E					☐ Change	☐ Addition	
NAME.					4. 2 NAM	Œ							
STREET ADORESS					4.3 STRE	EET 4	ADDRESS						
CITY-ST-ZIP					4.4 CITY								
TITLE	<u> </u>			DELETE	5.1 TITLE						☐ Change	Addition	
NAME					5.2 NAME							}	
STREET ADDRESS					5.3 STRE	EET/	ADDRESS						
	1				5.4 CITY		1						
CITY-ST-ZIP	<del> </del>		П	DELETE	6.1 TITLE						Change	☐ Addition	
r F t Index													

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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP