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FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000046502 (5)

1. Corporation Name

ROAD RUNNER REPAIR, INC.

Principal Place of Business

4096 BLINDBROOK CT.  
TALLAHASSEE FL 32303

Mailing Address

4096 BLINDBROOK CT.  
TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1997

4. FEI Number

59-3480615

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 4068 BLINDBROOK CT.

Suite, Apt. #, etc.

22

City & State

23 TALL. FL. 4

Zip

24 32303

Country

USA

2a. Mailing Address

26 4068 BLINDBROOK CT.

Suite, Apt. #, etc.

27

City & State

28 TALL. FL.

Zip

29 32303

Country

USA

9. Name and Address of Current Registered Agent

MOLICA, ROBERT  
4096 BLINDBROOK CT.  
TALLAHASSEE FL 32303

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 P ☐ DELETE

NAME MOLICA, ROBERT  
STREET ADDRESS 4096 BLINDBROOK CT.  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE VST ☒ DELETE

NAME BOLLMANN, FRANCES D  
STREET ADDRESS 4512 ANDREW JACKSON WAY  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME VICE PRESIDENT  
2.3 STREET ADDRESS DONALD PAUL LUNQUEST  
76 BEAUCHAMPEL LANE  
2.4 CITY-ST-ZIP CRAWFORDVILLE, FL 32327

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME SECRETARY & TREASURER  
3.3 STREET ADDRESS BOLLMANN, FRANCES D.  
3.4 CITY-ST-ZIP 4512 ANDREW JACKSON WAY  
TALL. FL. 32303

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

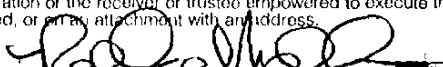
6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 any attachment with an address.

SIGNATURE



11/24/98

514-8015

CR2E034 (10/97)