NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT RPORATION **UAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000046705 (4)

BOB & JEFF'S AUTO REPAIR, INC.

Dissipat Star	of Ducine													
Principal Place of Business Mailing Address											••••			
3903 HWY, 98					0									
								<u> </u>		NOT WRITE	IN THIS	SPACE		
								3.	Date Incorporated	or Qualified				
2 Principal F	Place of Business	24	. Mailing Address					1	05/23/1997 FEI Number				pplied For	
21			26					"	59-3452	11,9		 - 	ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				<u> </u>					Additional		
22			77				5.	Certificate of Status	Desired			equired		
City & Stat	le		City & State				6.	Election Campaign	Financing		\$5.00	May Be		
23		28						Trust Fund Contribu	ution		bebbA	to Fees		
Zip	Cour	· —	Zip Country				8. This corporation owes or has paid the current year Intangible							
24	25	29 Iress of Current Regi	stared Agent	30					Personal Property 1 Name and Addres				_l No	
			Staten with		81	Name		10.	Maine Bild Modies	a OI HOW HOS	nstoreu .	Agent		
	STALLY, ROBERT (82			<u> </u>						
418 COLORADO DRIVE MEXICO BEACH FL 32410						Street	Addre	ress (P.O. Box Number is Not Acceptable)						
mc	INCO DENOTITE S	E410			83									
1								ļ						
	1				84	City					FL	_	Code	
11. Pursuant	to the provisions of Se	ections 607.0502 and oth, in the State of Flor obegins obligations	607.1508, Florida St at	utes, the a	OOVE	-name	corpo	ration	submits this stater	nent for the pi	rpose o	f changing if	ts registered	
office or i	registered agent, or bi im lamijiar with, and a	oth, in the State of Flor Chept the obligations	ida. Such change wa at, Swiion 607.0505, I	s authorize Florida Stat	o by utes	the co	poratio	n's bo	oard of directors. I	nereby accept	the app	oointment as -	registered	
SIGNATURE	Xoluto)	-Marall	7							//2	4198	'•		
	Signature typed or printed sa	and oil ligistered agnot and to		01E Registere	1 Age	nt signatur	e required				DATE			
12.		OFFICERS AND DIM	RS AND DIM CTORS		13.			n A	DDITIONS/CHANG	ES TO OFFIC	ERS AND	DIRECTOR Change	RS IN 12 Addition	
TITLE NAME				1.1 TI 1.2 N/			D	L	Nasta IIV	• •		- Criange	Panioni	
STREET ADDRESS						ADDRESS	118	Cal	lora do Or.					
CITY-ST-ZIP				1.4 Cł			No:	1,00	Beach, Fe	32410				
TITLE			DELETE	2.1 TI	_	1-211	D, V	D	17 04.00.17.1	<i>y- 7</i>		Change	Addition .	
NAME					2.2 NAME			0	atla	•				
STREET ADDRESS				2.3 \$1	REET	ADDRESS	112	3 %	PHEOMIA	on				
CITY-ST-ZIP				2. 4 C			Me	1100	ellers AUFONNIA Beach, Fi	32410				
TITLE		·	☐ DELETE	3.1 TI	TLE		1					Change	Addition	
NAME				3.2 NA	ME		[]							
STREET ADDRESS				3.3 ST	REET .	address	[
CITY-ST-ZIP				3.4. C	TY-S	T-ZIP	<u> </u>							
TITLE			☐ DELETE	4.1 TI	ILE .							Change	Addition	
NAME				4. 2 N	AME				•			>		
STREET ADDRESS				4.3 ST	REET.	ADDRESS						•		
CITY - ST - ZIP	<u> </u>			4.4 CI		r-zip	L							
TITLE			☐ DELETE	5.1 TI]					L Change	Addition	
NAME				5.2 NA	ME						ŧ	جر.	1300 A	
STREET ADDRESS				5.3 ST	REET.	ADDRESS						- (\ <i>`</i> `\``	
CITY-ST-ZIP				5.4 Ci		r-ZIP	1						الله الله	
TITLE			☐ DELETE	6.1 111								☐ Change	Addition	
NAME				6.2 NA										
STREET ADDRESS				6.3 ST	REET	ADDRESS	1						9 1	

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 of 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 chapter 607, or on an attachment with an address.

FILED Feb 24 1998 8:00am Secretary of State