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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # \$

S07331

(9)

TERRY'S AUTO & TRUCK REPAIR, INC.

		HLLEL)
Apr	13	1998	8:00am
Se	cre	tary o	f State

TENNI O AUTO & THUCK HEI	MII; IIV.		
Principal Place of Business	Mailing Address		LIGHT CONTRACTOR OF THE PROPERTY OF THE PROPER
3102 8 ADAMS STREET	808 PEGGY DR.		
TALLAHASSEE FL 32301 US	TALLAHASSEE FL 32311 US		DO NOT WRITE IN THIS SPACE
	00		3. Date Incorporated or Qualified
			10/22/1990
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
21	26		59-3059321 Not Applicab
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22	27		Fee Required
I City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23	28	Country	Trust Fund Contribution
Zip Country 25	Zip 3	<u> </u>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24 25 25 9. Name and Address of Cu		<u> </u>	10. Name and Address of New Registered Agent
TERRY LARICHIUTA		81 Name	
808 PEGGY ST		20 00 00 00	(0.0 D. Alester la Not Assemble)
TALLAHASSEE FL 32311		82 Street Addre	ess (P.O. Box Number is Not Acceptable)
TAGENTA TO DECITE OF THE		83	
		84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607 office or registered agent, or both, in the Sagent, I am familiar with, and accept the c	itato of Florida. Such chango was au	thorized by the corporatio	oration submits this statement for the purpose of changing its registere on's board of directors. I hereby accept the appointment as registered
SIGNATURE Signature, typed or ported name of registers	ed agent and title if applicable (NOTE	Registered Agent signature require	ed when reinstating) DATE
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P	☐ DELETE	1.1 TITLE	Change Additi
NAME LARICHIUTA, TERRY		1.2 NAME	
STREET ADDRESS 808 PEGGY DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL		1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	Change L. Additi
NAME		22 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
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NAME		5.2 NAME	
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TITLE	_ Decen	6.2 NAME	_ onengo _ noute
NAME			
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 an attachment with an address.

OMETHOR Topics built Trackleside

4-6-98

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