COF ANNL	PROFIT RPORATION JAL REPORT <b>1996</b>	Sandra Secret	RTMENT OF STATE B. Mortham ary of State CORPORATIONS		
DOCUI	MENT # S077	'97 (1)			
•	S AUTO SERVICE OF TAR	PON SPRINGS, INC.			
Principal Place	o of Rusiness	Mailing Address			
4802 ALT 1	19	P.O. BOX 1166			
palm hari Us	180R FL 34683	t <b>arpon springs fl</b> Us	. 34688-1166	3. Date incorporated or Qualified	3a. Date of Last Report
2. Principal Pla	lace of Business	28. Mailing Address		10/08/1990 4. FEI Number	05/01/1995
21		26		59-3034333	Not Applicable
Suite, Apt. i 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	<b>\$8.75</b> Additional     Fee Required
City & State 23	۹	City & State		6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> May Be
Zip	Country	Zip	Country	8. This corporation has liability for	r intangible tax under s 199.032,
24	25 9. Name and Address of Curr	29 rent Registered Agent	30	Florida Statutes IV Yes 10. Name and Address of New	
******			81 Name		
	on, leo Orningside dr		82 Street Add	fress (P.O. Box Number is Not Accepta	ple)
	HARBOR FL 34683		83		
1 246141 1	HANDON FE 34003				
			84 City		FL 85 Zip Code
11. Pursuant to	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute xida. Such change was authorize	s, the above-pamed corpor	pration submits this statement for the pu ard of directors. I hereby accept the app	
11. Pursuant to or registere familiar wit	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute orida. Such change was authorize oction 607.0505, Florida Statutes.	s, the above-pamed corpor	pration submits this statement for the pu and of directors. I hereby accept the app	
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<ol> <li>Pursuant ti or register familiar wit</li> <li>SIGNATURE</li> <li>III</li> <li>NAME</li> <li>STREET ADDRESS</li> <li>CITY-ST-ZIP</li> <li>TILE</li> </ol>	to the provisions of Sections 607.050 red agent, or both, in the State of Flo th, and accept the obligations of, Se Signal, re, typod or printed name of regulared ear OFFICERS A P MATSON, LEO 304 MORNINGSIDE DR PALM HARBOR FL V	oridal Such onange was authorize action 607.0505, Florida Statutes. erit and title if applicable (NOT NND DIRECTORS	TE: Registered Agent signature recurrent <b>13.</b> 1. 1 TITLE 1.2 NAME	ard of directors. I hereby accept the app	PL      Impose of changing its registered office     cointment as registered agent. I am      DATE      FICERS AND DIRECTORS IN 12      Change Addition
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<ol> <li>Pursuant ti or register familiar wit</li> <li>SIGNATURE</li> <li>III</li> <li>NAME</li> <li>STREET ADDRESS</li> <li>CITY-ST-ZIP</li> <li>TILE</li> </ol>	to the provisions of Sections 607.050 red agent, or both, in the State of Flo th, and accept the obligations of, Se Signal, re, typod or printed name of regulared ear OFFICERS A P MATSON, LEO 304 MORNINGSIDE DR PALM HARBOR FL V	endal Such onange was authonze action 607.0505, Florida Statutes. ent and life if applicable (NOT AND DIRE.CTORS	IE: Repistered Agent signal, ire received IB: Repistered Agent signal, ire received IB: 1, 1, 111LE 1, 2, NAME 1, 3, STREET ADDRESS 1, 4, CITY - ST - ZIP 2, 1, 11TLE 2, 2, NAME 2, 3, STREET ADDRESS	ard of directors. I hereby accept the app	PL     Prose of changing its registered office cointment as registered agent. I am     DATE     FICERS AND DIRECTORS IN 12     Change Addition
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<ol> <li>Pursuant ti or registeri familiar wit</li> <li>SIGNATURE</li> <li>12.</li> <li>TILE</li> <li>NAME</li> <li>STREET ADDRESS</li> <li>CITY-ST-ZIP</li> <li>TITLE</li> <li>NAMF</li> <li>STREET ADDRESS</li> <li>CITY-ST-ZIP</li> <li>TIAE</li> <li>NAMF</li> <li>STREET ADDRESS</li> <li>CITY-ST-ZIP</li> <li>TIAE</li> <li>NAMF</li> <li>STREET ADDRESS</li> <li>CITY-ST-ZIP</li> <li>TIAE</li> <li>NAMF</li> <li>STREET ADDRESS</li> <li>CITY-ST-ZIP</li> <li>TADRESS</li> <li>CITY-ST-ZIP</li> </ol>	to the provisions of Sections 807.050 red agent, or both, in the State of Flo th, and accept the obligations of, Se Signal, re, typod or printed name of regulared age OFFICERS A P MATSON, LEO 304 MORNINGSIDE DR PALM HARBOR FL V MATSON, CAROL 304 MORNINGSIDE DR PALM HARBOR FL	d with this filing is voluntarily furnise  d with this filing is voluntarily furnise	Agent Signature received         St, the above-named corporation's boat         Digital recorporation's boat         TE: Repetered Agent Signature received         13.         1.1 TITLE         1.2 NAME         1.3 STREET ADDRESS         1.4 CITY - ST - ZIP         2 1 TITLE         2 2 NAME         2 3 STREET ADDRESS         2 4 CITY - ST - ZIP         3 1 TITLE         3 2 NAME         3.3 STREET ADDRESS         3.4 CITY - ST - ZIP         3 1 TITLE         3.2 NAME         3.3 STREET ADDRESS         3.4 CITY - ST - ZIP         4.1 TITLE         4.2 NAME         4.3 STREET ADDRESS         4.4 CITY - ST - ZIP         5 1 TITLE         5 2 NAME         5 3 STREET ADDRESS         5.4 CITY - ST - ZIP         6 1 TITLE         6 2 NAME         6 3 STREET ADDRESS         5.4 CITY - ST - ZIP         6 1 TITLE         6 2 STREET ADDRESS         6.4 CITY - ST - ZIP         6 1 TITLE         6 2 STREET ADDRESS         6 4 CITY - ST - ZIP         6 1 TITLE         6 3 S	ard of directors. I hereby accept the app	