FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

S07970 **DOCUMENT #**

(4)

AUTO	SERVICE OF PINELLAS, II	NC.						
Principal Place of Business Mailing Address					I MODINEND DIN BERKU TOPAD TOUR! 1000	II BOH BHBH DII		OUTIL BIQUE HODI
7000A PARK BLVD. 7000A PARK BLVD. PINELLAS PARK FL 34665 PINELLAS PARK FL 34665			34665					
					3. Date Incorporated or Qualified 10/23/1990		of Last Re 4/24/19	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number 59-3032630	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	9		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	3	City & State	range (range)	to a police case of cape	Election Campaign Financing Trust Fund Contribution			May Be
Zip Country		Zip 29	Zip Country		8. This corporation has liability for intangible tax under s 199.032 Florida Statutes			
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New F	Registered .	Agent	
			81	Name				
ROBERTS, CALVIN C. 6574 30TH AVENUE NORTH ST. PETERSBURG FL 33710			82 Street Add		ress (P.O. Box Number is Not Acceptate	ole)		
			83					
OI. PEI	IENODUNG PL 33/ IU							
			84	City		FL	85 Zip	Code
SIGNATURE .	Signature, typed or pented nurse of registered open OFFICERS AN	care tre hippicalis (S	OTE Big seven Au	ent signal iro rudu ri	c 1 when resistatings ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1 1111.6				Change	☐ Addition
NAME	HUCKNO, JOSEPH W.		1.2 NAME					
STREET ADDRESS	7000A PARK BLVD.		1.3 STREE	I ADDRESS				
CITY - ST - ZIP	PINELLAS PARK FL VP	E Dect is		S1 · ZIP				T Addition
TITLE	HUCKNO, JOHN M	☐ DELĒTE 2 1		1	☐ Change ☐		Addition	
NAME STREET ADDRESS	7000A PARK BLVD			1 ADDRESS				
CHTY-S!-ZIP	PINNELAS PARK FL		24 CITY					
TITLE	S					[Change	Addition
NAMÉ	GRILLO, AVELIO L							
STREET ADDRESS	7000A PARK BLVD		3.3 STRE	ET ADDRESS				
CITY - ST - ZIP			34 CITY					<u></u>
TITLE		DELETE	4 1 TiTu8			[Change	☐ Add-tion
NAME			4.2 NAME					
STREET ADDRESS				ET ADORESS				
CITY - ST - ZIP				ST-ZIP		r	Change	Addition
TITLE						ı	_I Change	L. Addition
NAME STREET ADDRESS			5.2 NAM6	FF ADORESS				
				- 1				
CITY-ST-ZIF TITLE	DELETE		5 4 CITY 6 1 TIFLE				Change	☐ Addition
NAME		<u>_</u>	6.2 NAMA	•				
STREET ADDRESS				ET ADDRESS				
CITY OF 710			6 A CITY	61.20				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 emplowered 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.

SIGNATURE: JAM. Whe has JOHN M. HULEN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 813-546-1443