

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

55 MAY -1 PM 2: 19

DOCUMENT # **S09531** (2)

1. Corporation Name  
**MICHAEL'S REPAIR SERVICE, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**6905 SHELDON ROAD TAMPA FL 33615**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/30/1990** 3a. Date of Last Report **08/10/1994**

4. FEI Number **59-3051904** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

9. This corporation has liability for delinquency fees under § 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21. State Apt # etc 26. State Apt # etc

22. City & State 27. City & State

23. City & State 28. City & State

24. City & State 25. City & State 29. City & State 30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REED, MICHAEL  
10208 VISTA POINTE DR.  
TAMPA FL 33635**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0102 and 607.0128, 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 this appointment as registered agent. I am familiar with and accept the responsibilities set forth in Section 607.0104, Florida Statutes.

SIGNATURE

Signature of Current Registered Agent (Required)

Signature of New Registered Agent (Required)

(Date)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICER	NAME	STREET ADDRESS	CITY & STATE	ZIP CODE	Change	Addition
P	REED, MICHAEL	10208 VISTA POINTE DR.	TAMPA FL		<input type="checkbox"/>	<input type="checkbox"/>
V	REED, DAWN L	10208 VISTA POINTE DR.	TAMPA FL		<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing is voluntarily furnished, and that, not equally for the compliance stated in Section 199.032(1)(b), Florida Statutes. I further certify that the information included 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. This filing is subject to review for the corporation or the reason or failure to comply with the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1a, of the report or on an attachment with an address.

SIGNATURE: *Michael Reed*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 813-886-6353