FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
Feb 22 1996 8:00 am
Secretary of State

DOCUMENT # **S25973** **(6)**

1. Corporation Name

AUTO SUPER-SERVICE CENTER, INC.

Principal Place of Business	Mailing Address
401 E. VIRGINIA ST. TALLAHASSEE FL 32301	401 E. VIRGINIA ST. TALLAHASSEE FL 32301

3. Date Incorporated or Qualified: **01/18/1991**
3a. Date of Last Report: **03/07/1995**
4. FEI Number: **59-3046647** ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

MAY, EARL F.
401 E. VIRGINIA ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	MAY, EARL F.	
STREET ADDRESS	3208 PROUD CLARION TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DVT	☒ DELETE
NAME	TULLOS, CLAYTON T.	
STREET ADDRESS	1219 LEEWOOD DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DV	☐ DELETE
NAME	HACKNEY, CHRIS T.	
STREET ADDRESS	3835 INDIAN MOUNDS RD.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DS	☐ DELETE
NAME	LEWIS, JOHN R.	
STREET ADDRESS	4501 ROCKBRIDGE HOLLOW	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	☐ DELETE
NAME	BEHRMAN, DOUGLAS N.	
STREET ADDRESS	2191 MILLER LANDING RD.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(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.

SIGNATURE: [signature] 2-20-96 (904) 222-5823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)