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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnami

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

S42881

(0)

WILLIAM W. COCHRAN AUTOMOTIVE SERVICES, INC.					
Principal Place of	Business	Mailing Address) Manier IV. Andre 1997	
1003 FLORIDA		1003 FLORIDA AVE PALM HARBOR FL			
PALM HARBOR	FL 34083	PALM DARBOT FL	9 4000	3. Date incorporated or Qualified 04/01/1991	3a. Date of Last Report 04/25/1995
2. Principal Place	of Rusiness	2a, Mailing Address		4. FEI Number	Applied Fo
2. Principar riace	U Eddiness	26		59-3001732	Not Applica
Suite, Apt. #. 6	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
2		27			
City & State		Orty & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23		[28]	Country	This corporation has liability for it.	
Zip	Country	Ζιρ [29]	30	Florida Statutes 🔀 Yes	□ No
24	25 9. Name and Address of Curre		1001	10. Name and Address of New R	egistered Agent
613 S MY CLEARW	RICHARD L. JR (RTLE AVE ATER FL 34617	ord EN 1508, Louis Sta	83 84 City C1	dress (P.O. Box Number is Not Acceptable 4 Chesthut St.	FL 85 Zip Code 34616
SIGNATURE	prature, typical or printed name of rejectment age		paint. Registered April seport A resp.	coartion submits this statement for the purporate of directors. Thereby accept the apparent of directors and directors accept the apparent of directors and directors. ADDITIONS/CHANGES TO OFF	DATE
12.	D	DELETE	1 1 WEE		Change Add
NAME	COCHRAN, WILLIAM M.		1.2 NAME		
STREET ADDRESS	304 PALMETTO LANE		1.3 STREET ADDRESS		
J	LARGO FL				
CITY - ST - 7IP			14 CITY S1-7P		
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and obes not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this avoidal report or suppliemental 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 employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for or er attaching a with plus address.

SIGNATURE:

DEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813784-3316