FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **S43940** **(3)**

1. Corporation Name
TECHNI-CAR SOUTH, INC.

Principal Place of Business	Mailing Address
3003 GREENE ST. HOLLYWOOD FL 33020 US	450 GIM GONG ROAD OLDSMAR FL 34677

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/09/1991**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26: 450 Commerce BLVD.
Suite, Apt. #, etc — 22:
Suite, Apt. #, etc — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **59-3058497** ☐ Applind 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

9. Name and Address of Current Registered Agent

GASSMAN, ALAN S.
1212 COURT STREET
SUITE B
CLEARWATER FL

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, this 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☒ Change ☐ Addition
NAME	WALSH, ROBERT S.	12 NAME		
STREET ADDRESS	450 GIM GONG ROAD	13 STREET ADDRESS	450 Commerce BLVD	
CITY ST ZIP	OLDSMAR FL	14 CITY ST ZIP		
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	MILLER, RICHARD T.	22 NAME		
STREET ADDRESS	450 GIM GONG ROAD	23 STREET ADDRESS	450 Commerce BLVD	
CITY ST ZIP	OLDSMAR FL	24 CITY ST ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	ZUK, DARRYL J.	32 NAME		
STREET ADDRESS	450 GIM GONG RD.	33 STREET ADDRESS		
CITY ST ZIP	OLDSMAR FL	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	DUFFY, JAMES P.	42 NAME		
STREET ADDRESS	450 GIM GONG RD.	43 STREET ADDRESS		
CITY ST ZIP	OLDSMAR FL	44 CITY ST ZIP		
TITLE	P	51 TITLE		☐ Change ☐ Addition
NAME	KOWNACKI, JAMES	52 NAME		
STREET ADDRESS	3003 GREENE ST.	53 STREET ADDRESS		
CITY ST ZIP	HOLLYWOOD FL	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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: Richard Miller 5-25-95 813/855-0022
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

0969703 CP