FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

APPROVED AND FILED
95 MAR -1 PM 4:19
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # S47848 (4)

ERNIE'S TRUCK & AUTO REPAIR, INC.

Principal Place of Business: 1605 UNIVERSITY PKWY, SARASOTA FL 34243

Mailing Address: 1605 UNIVERSITY PKWY, SARASOTA FL 34243

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	21 1859 UNIVERSITY PKWY
Suite, Apt. #, etc.	22
City & State	23 SARASOTA FL
Zip	24 34243
Country	25 USA
2a. Mailing Address	26 1859 UNIVERSITY PKWY
Suite, Apt. #, etc.	27
City & State	28 SARASOTA FL
Zip	29 34243
Country	30 USA
3. Date Incorporated or Qualified	04/22/1991
3a. Date of Last Report	04/28/1994
4. FEI Number	65-0256653 ☐ 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

9. Name and Address of Current Registered Agent

WILSON, ERNEST F.
1050 DEBRECEN ROAD
SARASOTA FL 34240

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	P
NAME	WILSON, ERNEST F.
STREET ADDRESS	1605 UNIVERSITY PKWY
CITY-ST-ZIP	SARASOTA FL
TITLE	VP
NAME	WILSON, KATHERINE J.
STREET ADDRESS	1605 UNIVERSITY PKWY
CITY-ST-ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 the 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: (Katherine J. Wilson) (VP) 2/15/95 (813) 355-9759

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KATHERINE J. WILSON

0345281 CP