

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:00

DOCUMENT # **S47978**

(9)

1. Corporation Name

SIMONELLI REPAIRS INC.

Principal Place of Business

**850 SEMINOLE AVE
LONGWOOD FL 32750**

Mailing Address

**850 SEMINOLE AVE
LONGWOOD FL 32750**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1991

3a. Date of Last Report

03/21/1994

4. FEI Number

59-3061791

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 § 190.032,
Florida Statutes☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22
City & State23
Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27
City & State28
Zip

Country

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

9. Name and Address of Current Registered Agent

**SIMONELLI, TIMOTHY D.
850 SEMINOLE AVE
LONGWOOD FL 32750**

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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when substituting)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP**PVS
SIMONELLI, TIMOTHY
850 SEMINOLE AVE
LONGWOOD FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY, ST, ZIP21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY, ST, ZIP31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY, ST, ZIP41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY, ST, ZIP51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY, ST, ZIP61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP☐ Change ☐ Addition

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 190.032, 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 conduct this report as required by Chapter 143, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Timothy D. Simonelli, Jr. Pres

2-20-95

407-767-5235