

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 11 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S52948 (4)

1. Corporation Name

TREASURE COAST AUTOMOTIVE AND MARINE SERVICE, INC.

Principal Place of Business

3150 NORTH A1A
UNIT 503N
FORT PIERCE FL 34949

Mailing Address

3150 NORTH A1A
UNIT 503N
FORT PIERCE FL 34949

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/14/1991

3a. Date of Last Report

07/08/1994

2. Principal Place of Business

21 1025 CASTAWAY BLVD.

2a. Mailing Address

26 1025 CASTAWAY BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 VERO BEACH, FL

27

City & State

28 VERO BEACH, FL

Zip

24 32963

Country INDIAN

25 RIVER

Zip

29 32963

Country INDIAN

30 RIVER

4. FEI Number

65-0276261

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

GROSS, TILFORD
3150 NORTH A1A
UNIT 503N
FORT PIERCE FL 34949

10. Name and Address of New Registered Agent

81 Name

GROSS, TILFORD

82 Street Address (P.O. Box Number is Not Acceptable)

1025 CASTAWAY BLVD.

83

84

VERO BEACH

FL

85

Zip Code

32963

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

Tilford Gross

Tilford Gross

1/16/95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD

NAME GROSS, TILFORD

STREET ADDRESS 3150 NORTH A1A, APT 503N

CITY - ST - ZIP FT. PIERCE 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

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 PD ☒ Change ☐ Addition

1.2 NAME GROSS, TILFORD

1.3 STREET ADDRESS 1025 CASTAWAY BLVD.

1.4 CITY - ST - ZIP VERO BEACH, FL 32963

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 110.07(3)(b), 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:

Tilford Gross

Tilford Gross

1/16/95

407-231-9792

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number