## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S52948

Mailing Address

TREASURE COAST AUTOMOTIVE AND MARINE SERVICE, IN

1025 CASTAWAY BOULEVARD VERO BEACH FL 32963-2464 1025 CASTAWAY BOULEVARD VERO BEACH FL 32983 3. Date Incorporated or Qualified 3a. Date of Last Report 05/14/1991 01/23/1996 2. Principal Place of Business 28. Mailing Address 4. FLI Number Applied For 65-0276261 21 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GROSS, TILFORD 1025 CASTAWAY BOULEVARD 82 Street Address (P.O. Box Number is Not Acceptable) **VERO BEACH FL 32963** 83 84 City 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) Signature, typed or printed name of regetered agent and tipe it applicable 12. OFFICERS AND DIRECTORS 13. (96/6) DELETE 1.1 TOLE Change Addition TITLE **GROSS, TILFORD** NAME 12 NAME 1025 CASTAWAY BLVD STREET ADDRESS 1.3 STREET ADDRESS vero beach fl CITY-ST-ZIP 1,4 C(1Y - S1 - ZIP DELFTE Change Addit-on TITL F 2.1 Till F NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - \$1 - 7IP DELFTE 3 1 TOLF Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3.STREET ADDRESS CITY-ST-ZIF 3 4. C(1Y - S1 - 2(P) DELETE Change Addition TITLE 4.1.7HTLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CH1Y - S1 - ZIP DELETE

14. I do hereby certify that the information supplied with this filing 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

5.1 THILE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6 4 CHY-S1-ZIP

5.4 CHY-\$1-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TUESON GRACCOROC 16/97

Change

Change

Addition

Addition

**FILED** 

May 02 1997 8:00am

Secretary of State