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PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **S75817** **(4)**

1. Corporation Name

MIKE'S QUALITY AUTO SALES & SERVICE, INC.

Principal Place of Business: 11570 SEMINOLE BLVD, LARGO FL 34648

Mailing Address: 11570 SEMINOLE BLVD, LARGO FL 34648

3. Date Incorporated or Qualified: 08/23/1991

3a. Date of Last Report: 01/27/1995

4. FEI Number: 59-3082237 ☐ 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

2. Principal Place of Business
21 ____
Suite, Apt. #, etc.
22 ____
City & State
23 ____
Zip 24 ____ Country 25 ____

2a. Mailing Address
26 ____
Suite, Apt. #, etc.
27 ____
City & State
28 ____
Zip 29 ____ Country 30 ____

9. Name and Address of Current Registered Agent

COZZI, MICHAEL F.
11570 SEMINOLE BLVD
LARGO FL 34648

10. Name and Address of New Registered Agent

81 Name: COZZI, MICHAEL C.
82 Street Address (P.O. Box Number is Not Acceptable): 11570 SEMINOLE BLVD.
83
84 City: LARGO FL 85 Zip Code: 34648

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] DATE: 1-16-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☑ DELETE	1.1 TITLE	P	☑ Change ☐ Addition
NAME	COZZI, MICHAEL F.		1.2 NAME	COZZI, MICHAEL C.	
STREET ADDRESS	11570 SEMINOLE BLVD		1.3 STREET ADDRESS	11570 Seminole BLVD.	
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP	LARGO FL	
TITLE	VP	☑ DELETE	2.1 TITLE	S/D	☑ Change ☐ Addition
NAME	COZZI, LINDA L		2.2 NAME	BARNES, Catherine E.	
STREET ADDRESS	11870 SEMINOLE BLVD.		2.3 STREET ADDRESS	11870 Seminole Blvd	
CITY-ST-ZIP	LARGO FL		2.4 CITY-ST-ZIP	LARGO FL	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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)(k), 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: MICHAEL C. COZZI [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-16-96 Daytime Phone #: (813) 392-2512

CR2E034 (12/95)