**FILE NOW: FILING FEE AFTER MAY 1 IS $550.00**

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **S84256** **(4)**

1. Corporation Name
**THE CAR CLINIC, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1601 VILLAGE GREEN DR.<br>PORT ST LUCIE FL 34952<br>US | 1601 VILLAGE GREEN DRIVE<br>PORT ST LUCIE FL 34952-3450<br>US |

3. Date Incorporated or Qualified: 09/30/1991
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 1654 WALTON RD.
Suite, Apt. #, etc.
22: A
City & State
23: PORT ST LUCIE FL
Zip
24: 34952
Country
25: ST. LUCIE

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

4. FEI Number: 65-0293652 ☐ 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**

LEWIS, GORMAN L JR
1601 VILLAGE GREEN DRIVE
PORT ST LUCIE FL 34952

**10. Name and Address of New Registered Agent**

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 502 S.E. STARFLOWER AVE.
83:
84 City: PORT ST. LUCIE FL 85 Zip Code: 34952

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: Gorman L. Lewis Jr. 5-1-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DP ☐ DELETE | 1.1 TITLE | ☑ Change ☐ Addition |
| NAME | LEWIS, PAULA A | 1.2 NAME | |
| STREET ADDRESS | 1526 ROYAL GREEN CIRCLE, L204 | 1.3 STREET ADDRESS | 502 S.E. STARFLOWER AVE. |
| CITY-ST-ZIP | PORT ST. LUCIE FL | 1.4 CITY-ST-ZIP | PORT ST. LUCIE, FL. 34952 |
| TITLE | VST ☐ DELETE | 2.1 TITLE | ☑ Change ☐ Addition |
| NAME | LEWIS, PAULA A | 2.2 NAME | |
| STREET ADDRESS | 1526 ROYAL GREEN CIRCLE, L204 | 2.3 STREET ADDRESS | 502 S.E. STARFLOWER AVE |
| CITY-ST-ZIP | CHANTILLY VA | 2.4 CITY-ST-ZIP | PORT ST. LUCIE, FL. 34952 |
| TITLE | CEO ☐ DELETE | 3.1 TITLE | ☑ Change ☐ Addition |
| NAME | LEWIS, PAULA A | 3.2 NAME | |
| STREET ADDRESS | 1526 ROYAL GREEN CIRCLE, L-204 | 3.3 STREET ADDRESS | 502 S.E. STARFLOWER AVE |
| CITY-ST-ZIP | PT. ST. LUCIE FL 34952 | 3.4 CITY-ST-ZIP | PORT ST. LUCIE, FL. 34952 |
| 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 | |

CR2E034 (9/96)

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.

SIGNATURE: Gorman L. Lewis Jr. (561)337-9052