

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **S91845** (5)

1. Corporation Name

COWAN'S QUALITY AUTOMOTIVE AND 4 X 4 SERVICE, IN C.

95 MAY -1 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**6709 114TH AVENUE NORTH
LARGO FL 34643**

Mailing Address
**6709 114TH AVENUE NORTH
UNIT 10
LARGO FL 34643
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3096981		3a. Date of Last Report 04/28/1994	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No			
24. Country		29. Country					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COWAN, PAUL 6709 114TH AVENUE NORTH LARGO FL 34643				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. Zip Code			
				FL			

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 the 4 applicable) (NOTE: Registered Agent signature required when resigning) (DATE)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY ST ZIP
	PST COWAN, PAUL	6709 114TH AVENUE NORTH LARGO FL					
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY ST ZIP
	D COWAN, PAUL	6709 114TH AVENUE NORTH LARGO FL					
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY ST ZIP
	V RYDSTROM, BARBARA J	1818 NEW HAMPSHIRE AVENUE NE ST PETERSBURG FL					
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY ST ZIP
					V KENNETH KYLE	11840 114 AVE NO LARGO FL 34648	
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	6.1 TITLE	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 119.07(3)(b), Florida Statutes. I further certify that the information reflected 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: Paul W. Cowan **PAUL W. COWAN** 813 546 0799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR