

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

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Murfitt

Secretary of State

DIVISION OF CORPORATIONS

1996 6-11-96

B-6798-C

DOCUMENT # S91845

(5)

1. Corporation Name

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



Principal Place of Business

6709 114TH AVENUE NORTH  
LARGO FL 34643

Mailing Address

6709 114TH AVENUE NORTH  
UNIT 10  
LARGO FL 34643  
US

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/04/1991

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3096981

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

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

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0608, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent on page 1 of this annual report.

Signature typed or printed name of new registered agent on page 1 of this annual report.

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME  
COWAN, PAUL  
STREET ADDRESS  
6709 114TH AVENUE NORTH  
CITY-ST-ZIP  
LARGO FL

1.2 TITLE ☐ DELETE

NAME  
COWAN, PAUL  
STREET ADDRESS  
6709 114TH AVENUE NORTH  
CITY-ST-ZIP  
LARGO FL

1.3 TITLE ☐ DELETE

NAME  
RYDSTROM, BARBARA J  
STREET ADDRESS  
1818 NEW HAMPSHIRE AVENUE NE  
CITY-ST-ZIP  
ST PETERSBURG FL

1.4 TITLE ☒ DELETE

NAME  
KYLE, KENNETH  
STREET ADDRESS  
11340 114 AVE NO  
CITY-ST-ZIP  
LARGO FL

1.5 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.6 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

7.1 TITLE ☐ Change ☐ Addition

7.2 NAME  
7.3 STREET ADDRESS  
7.4 CITY-ST-ZIP

8.1 TITLE ☐ Change ☐ Addition

8.2 NAME  
8.3 STREET ADDRESS  
8.4 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 of this report, or on an attached statement with an address.

SIGNATURE:

Paul W Cowan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul W Cowan 5/31/96 813546-0799

CR2E034 (12/95)