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

95 MAY -1 PM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****225.00 ****225.00

DOCUMENT # **S94901** **(3)**

1. Corporation Name

MECHANICS ON WHEELS OF TAMPA, INC.

Principal Place of Business	Mailing Address
4223 W. NASSAU ST. TAMPA FL 33607	4223 W. NASSAU ST. TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1991
3a. Date of Last Report: 06/30/1994

2. Principal Place of Business
21: 8305 EIKWood Ln
22: Suite, Apt. #, etc.
23: City & State: TAMPA FL
24: Zip: 33615
25: County: Hillsborough

2a. Mailing Address
26: 8305 EIKWood Ln
27: Suite, Apt. #, etc.
28: City & State: TAMPA FL
29: Zip: 33615
30: County: Hillsb.

4. FEI Number: 59-3100223 ☐ 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

LUPERON, MARIANO
4223 W. NASSAU ST.
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name: MARIANO LUPERON
82 Street Address (P.O. Box Number is Not Acceptable)
83: 8305 EIKWood Ln
84 City: TAMPA FL FL 85 Zip Code: 33615

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 _____ DATE _____
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☑ Change ☐ Addition
NAME	LUPERON, MARIANO	12 NAME	LUPERON MARIANO
STREET ADDRESS	13056 LONDONDARY PL	13 STREET ADDRESS	8305 EIKWood Ln
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	Tampa Fl 33615
TITLE	D	21 TITLE	D ☐ Change ☐ Addition
NAME	LUPERON, MARIA E.	22 NAME	LUPERON MARIA E.
STREET ADDRESS	13056 LONDONDARY PL	23 STREET ADDRESS	8305 EIKWood Ln
CITY ST ZIP	TAMPA FL	24 CITY ST ZIP	Tampa Fl 33615
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: MARIANO LUPERON Mariano Luperon 5-10-95 (813) 651-9564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0292684 CP