

FILE NOW: FILING FEE AFTER MAY 1 IS \$50

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May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # S99036 (3)  
1. Corporation Name  
TOM K AUTO SERVICES, INCORPORATED



Principal Place of Business: 9180 6TH ST S, ST PETERSBURG FL 33705  
Mailing Address: 3180 6TH ST S, ST PETERSBURG FL 33705-3707

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/09/1991	04/30/1996
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		59-3118089	Not Applicable
24 Country		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		29		<input type="checkbox"/>	
26		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
27		30		<input type="checkbox"/>	
28		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
29		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WHARRIE, ROBERT E. 535 49TH ST N ST PETERSBURG FL 33710				1 Name			
				2 Street Address (P.O. Box Number is Not Acceptable)			
				3			
				4 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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	DP	1.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRATZ, THOMAS A	1.2	
STREET ADDRESS	2501 SUNRISE DR SE	1.1 ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	1.4 ST-ZIP	
TITLE	ST	2.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRATZ, THOMAS A	2.2	
STREET ADDRESS	2501 SUNRISE DR SE	2.1 ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	2.4 ST-ZIP	
TITLE		3.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2	
STREET ADDRESS		3.1 ADDRESS	
CITY-ST-ZIP		3.4 ST-ZIP	
TITLE		4.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2	
STREET ADDRESS		4.1 ADDRESS	
CITY-ST-ZIP		4.4 ST-ZIP	
TITLE		5.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2	
STREET ADDRESS		5.1 ADDRESS	
CITY-ST-ZIP		5.4 ST-ZIP	
TITLE		6.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2	
STREET ADDRESS		6.1 ADDRESS	
CITY-ST-ZIP		6.4 ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for 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: *Thomas A. Kratz* 4/17/97 4/17/97 2/1/97

CR2E034 (9/96)