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 FEB 28 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V07075 (7)

1. Corporation Name
A TO Z AUTO CLINIC, INC.

Principal Place of Business	Mailing Address
2709 HAVENDALE BLVD. WINTER HAVEN FL 33881 US	224 AVE. F S.E. WINTER HAVEN FL 33880 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/16/1992
3a. Date of Last Report: 01/20/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3101111	☐ Applied For ☐ Not Applicable
21	26 2709 Havendale Blvd.		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Winter Haven, FL.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 33881 / County 30 Polk	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

BURTON, DAVID L
224 AVE. F. SE
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name: Glen L. Mascho
82 Street Address (P.O. Box Number is Not Acceptable): 2909 Havendale Blvd.
83
84 City: Winter Haven FL 85 Zip Code: 33881

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: Glen L Mascho (Glen L. Mascho) Pres. 1-27-95
(By Title, if any, 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	11 TITLE		☑ Change ☐ Addition
NAME	BURTON, DAVID L	12 NAME		
STREET ADDRESS	224 AVE. F S.E.	13 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL	14 CITY-ST-ZIP		
TITLE	DV	21 TITLE	P	☑ Change ☐ Addition
NAME	MASCHO, GLEN L	22 NAME		
STREET ADDRESS	2923 WALNUT	23 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL	24 CITY-ST-ZIP		
TITLE	S	31 TITLE	S/T	☑ Change ☐ Addition
NAME	MASCHO, BETTY L	32 NAME		
STREET ADDRESS	2923 WALNUT	33 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL	34 CITY-ST-ZIP		
TITLE	T	41 TITLE		☑ Change ☐ Addition
NAME	BURTON, ANGELA M.	42 NAME		
STREET ADDRESS	224 AVE. F S.E.	43 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL	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)(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 if changed, or on an attachment with an address.

SIGNATURE: Betty L Mascho (Betty L. Mascho) 1-27-95 1813 967 0210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

044B18 FP