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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V33404

(7)

D & D AUTOMOTIVE SERVICES, INC.

FILED
May 09 1997 8:00am
Secretary of State



	ace of Business	Mailing Ad-	aress			4 1804) Antond inige Litte Grait Mortis Dibt	dimit dinte art.		, 0.511.150
3202 53RD AVE E BRADENTON FL 34203			3202 53RD AVE E Bradenton Fl 34203-4344						
						3. Date incorporated or Qualified 05/01/1992	3a, Date	of Last	Report
2. Principal	Place of Business	2a. Malling	Address	·····		4. FEI Number			Applied For
1]		26				65-0326490			lot Applicable
Suite, Ap	ot #, etc	······································	pt. #, etc.	·····					Additional
2		27				5. Certificate of Status Desired			Required
City & St	ate	City & S	State			6. Election Campaign Financing		\$5.00	May Be
3		28				Trust Fund Contribution			to Fees
Zip	Country	Zip		Country		8. This corporation has liability for	intangible ta	ax under	s. 199.032,
4	25	29		30			S Yes 🔲		
	g, Name and Address of Cu	rrent Registered Ag	jent			10. Name and Address of New Re	gistered A	gent	
SM	IALLWOOD, ROBERT T. I			81	Name				
171	14 STICKNEY POINT RD.			82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)		
SU	IITE B8, POST OFFICE BOX 48	113 N/A	/A						
	RASOTA FL 34280-4613			83					
				84	City			or 7	Code
				54	City		FL	85 Zip	Code
SIGNATURE	Signature, typed or printed name of registers		TON) e		nt signature requi	red when reinstating)	DATE AND I	NOFOTO	DC IN 40
12.		AND DIRECTORS	DELETE	13.	·····	ADDITIONS/CHANGES TO OFFIC			
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	1			1.3 STREET					
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14. For hereby certify that the information supplied with this filing does not quality 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

4/28/97

(941) 751-1949 Day ma Phone #

041895