

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Martha B. McMan
Secretary of State
CORPORATE CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V57706** (6)
AUTO THERAPY & REPAIR, INC.

Principal Place of Business: 3664 JACKSON STR PT ORANGE FL 32119 US
Mailing Address: 3664 JACKSON STR PT ORANGE FL 32119 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		2b		08/10/1992	04/12/1994
22		27		4. FEI Number	Applied For
23		28		59-3138070	Not Applicable
24		25		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
27		30		7. This corporation has liability for intangible tax under s. 199(3)(2), Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BEARDSLEE, DONALD R. 1141 S RIDGEWOOD AVE DAYTONA BEACH FL 32114				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	City		
				84	FL	85	Zip Code

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEARDSLEE, DONALD R.	12 NAME	
STREET ADDRESS	1141 S RIDGEWOOD AVE	13 STREET ADDRESS	
CITY, ST, ZIP	DAYTONA BEACH FL	14 CITY, ST, ZIP	
TITLE	P	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEARDSLEE, JANE K	22 NAME	
STREET ADDRESS	907 TREE GDN DR	23 STREET ADDRESS	
CITY, ST, ZIP	PT ORANGE FL	24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true and equally for the corporation stated in Section 339.01, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and in change and that my signature shall have the same legal effect as if made in ink only. That I am an officer or director of this corporation or the owner or trustee empowered to sign on this report as required by Chapter 687, Florida Statutes, and that my name appears in Block 12 or Block 13 of a change or on an attachment with an address.

SIGNATURE: *JANE K. BEARDSLEE* 4-20-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR