

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

**APPROVED
AND
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95 MAY -1 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V59036 (6)
1. Corporation Name QUALITY AUTO SERVICE CENTER, INC.

Principal Place of Business 180 BUSINESS PKWY ROYAL PALM BEACH FL 33411	Mailing Address 180 BUSINESS PKWY. ROYAL PALM BEACH FL 33411
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
26	27
28	29
30	31

3. Date Incorporated or Qualified 08/19/1992	3a. Date of Last Report 04/29/1994
4. FEI Number 65-0352414	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. 194(1)(3) Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	
SAWYER, DELORES 14334 WELLINGTON TRACE WEST PALM BEACH FL 33414	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0902 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 _____ **By (If Registered Agent is not the Corporation's Secretary, Treasurer, or President, the name and address of the person signing must be typed or printed below the signature.)**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PST	1. TITLE	☐ Change ☐ Addition
2. NAME	SAWYER, DELORES	2. NAME	
3. STREET ADDRESS	180 BUSINESS PKWY.	3. STREET ADDRESS	
4. CITY, ST, ZIP	ROYAL PALM BEACH FL 33411	4. CITY, ST, ZIP	
5. TITLE	D	5. TITLE	☐ Change ☐ Addition
6. NAME	SAWYER, DELORES	6. NAME	
7. STREET ADDRESS	180 BUSINESS PKWY.	7. STREET ADDRESS	
8. CITY, ST, ZIP	ROYAL PALM BEACH FL 33411	8. CITY, ST, ZIP	
9. TITLE		9. TITLE	☐ Change ☐ Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST, ZIP		12. CITY, ST, ZIP	
13. TITLE		13. TITLE	☐ Change ☐ Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, ST, ZIP		16. CITY, ST, ZIP	
17. TITLE		17. TITLE	☐ Change ☐ Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(4)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or as an attachment with an address.

SIGNATURE: *DeLores Sawyer* **4-27-95 (407) 790-7655**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.