

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # V60213 (8)

1. Corporation Name

AUTOMOBILE RECOVERY BUREAU, INC.

05 MAY -1 AM 4:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**5475 S. ORANGE BLOSSOM TR.
ORLANDO FL 32839**

Mailing Address

**5475 S. ORANGE BLOSSOM TR.
ORLANDO FL 32839**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3144251

Applied For

Not Applicable

5. Certificate of Status (Required)

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

6. This corporation has mailed its statement of officers and directors to the Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. #, etc.

State, Apt. #, etc.

22

City & State

27

City & State

23

28

24

25

29

30

9. Name and Address of Current Registered Agent

**GILL, PATRICIA E.
5475 S. ORANGE BLOSSOM TR.
ORLANDO FL 32839**

10. Name and Address of Now 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 607.0402 and 607.1508, Florida Statutes, the above named corporation submits the 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

(Signature of Agent, if Agent is not the registered agent, sign as follows)

(Signature of Agent, if Agent is not the registered agent, sign as follows)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	GILL, PATRICIA E.
STREET ADDRESS	8521 VILLAGE GREEN ROAD
CITY, ST, ZIP	ORLANDO FL
TITLE	ST
NAME	GILL, ALBERT J.
STREET ADDRESS	8521 VILLAGE GREEN ROAD
CITY, ST, ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. 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 607.0402, Florida Statutes. I further certify that the information indicating 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 authorized to receive or forward documents presented to me on this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, prior to an attached with a address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95

407-855-2769