

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 *21.25*

Amended
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96 DEC -2 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT #
1. Corporation Name

*V65024 UNIVERSAL Repair Service
INCORPORATED*

Principal Place of Business

*3535 Recker Highway
WINTER HAVEN Florida
33880*

Mailing Address

2. Principal Place of Business

21 *1000 Hoover Rd.*

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Zip

29

Country

Country

30

9. Name and Address of Current Registered Agent

*Teresa M Korn
201 Willow ST
LAKE WAKES, Florida
33853*

3. Date Incorporated or Qualified

SEP 16 1992

3a. Date of Last Report

1996

4. FEI Number

59-3147108

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 199.032,
Florida Statutes

☒

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

JOAN Goudreau

82 Street Address (P.O. Box Number is Not Acceptable)

325 ALTURA RD

83

84

Bartow Florida

FL

85

Zip Code

33830

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 *Joan Goudreau*

Signature, typed or printed name of registered agent and agent acceptable

(NOTE: Registered Agent signature required when reinstating)

11-18-96

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME *Gayle A Korn*
STREET ADDRESS *201 Willow ST*
CITY-ST-ZIP *LAKE WAKES FL 33853*

☒ DELETE

TITLE
NAME *Teresa M. Korn*
STREET ADDRESS *201 Willow ST*
CITY-ST-ZIP *LAKE WAKES FL 33853*

☒ DELETE

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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: *Gayle Korn* *Gayle Korn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-18-1996 *941-324-2215*

Date

Deputy

CR2E034 (12/95)