

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 31 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **V65024** (4)

1. Corporation Name  
**UNIVERSAL REPAIR SERVICE INCORPORATED**

Principal Place of Business

**1000 HOOVER RD  
WINTER HAVEN FL 33884  
US**

Mailing Address

**201 WILLOW ST  
LAKE WALES FL 33853-8794  
US**



2. Principal Place of Business

**21**  
Suite, Apt #, etc.

City & State

**23**  
Zip Country

9. Name and Address of Current Registered Agent

**KORN, TERESA  
201 WILLOW ST  
LAKE WALES FL 33853**

2a. Mailing Address

**26** *PO Box 5153*

City & State

**28** *Elaine FL*  
Zip Country  
**29** *33880-0153* **30** *USA*

3. Date Incorporated or Qualified

**09/16/1992**

3a. Date of Last Report

**03/04/1996**

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)

83

**325 Alturas Rd**

84 City

**Bartow**

**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 fee if applicable)

**1-8-97**

DATE

12. OFFICERS AND DIRECTORS

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | <b>P</b>               | <input type="checkbox"/> DELETE            |
| NAME           | <b>KORN, GAYLE A.</b>  |  |
| STREET ADDRESS | <b>201 WILLOW ST</b>   |  |
| CITY-ST-ZIP    | <b>LAKE WALES FL</b>   |  |
| TITLE          | <b>VT</b>              | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>KORN, TERESA M.</b> |  |
| STREET ADDRESS | <b>201 WILLOW ST</b>   |  |
| CITY-ST-ZIP    | <b>LAKE WALES FL</b>   |  |
| TITLE          |                        | <input type="checkbox"/> DELETE            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> DELETE            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> DELETE            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                         |  |
|--------------------|-------------------------|--|
| 1.1 TITLE          | <b>VT</b>               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | <b>JOAN Goudreau</b>    |  |
| 1.3 STREET ADDRESS | <b>325 Alturas Rd</b>   |  |
| 1.4 CITY-ST-ZIP    | <b>Bartow, FL 33830</b> |  |
| 2.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                         |  |
| 2.3 STREET ADDRESS |                         |  |
| 2.4 CITY-ST-ZIP    |                         |  |
| 3.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                         |  |
| 3.3 STREET ADDRESS |                         |  |
| 3.4 CITY-ST-ZIP    |                         |  |
| 4.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                         |  |
| 4.3 STREET ADDRESS |                         |  |
| 4.4 CITY-ST-ZIP    |                         |  |
| 5.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                         |  |
| 5.3 STREET ADDRESS |                         |  |
| 5.4 CITY-ST-ZIP    |                         |  |
| 6.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                         |  |
| 6.3 STREET ADDRESS |                         |  |
| 6.4 CITY-ST-ZIP    |                         |  |

14. I do hereby certify that the information supplied with this filing does not qualify 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:

*Gayle Korn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-26-97**

Date

**941-324-2215**

Daytime Phone

0390061

CR2E034 (9/96)