

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

FILED
Apr 10 1997 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **V67561** (3)

1. Corporation Name
CARL'S AUTO REPAIR OF S.W. FLORIDA, INC.

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|---|--|
| Principal Place of Business 1250 PINEY ROAD N. FT. MYERS FL 33903 | Mailing Address 1250 PINEY ROAD N. FT. MYERS FL 33903-3820 |
|---|--|



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|---|--|--|--|---|--|
| 2. Principal Place of Business 21 20 Cabana Ave. Suite, Apt. #, etc. | | 2a. Mailing Address 26 20 Cabana Ave. Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 09/28/1992 | 3a. Date of Last Report 03/12/1996 |
| 22 City & State 23 N. Ft. Myers, FL 33 | | 27 City & State 28 N. Ft. Myers FL | | 4. FEI Number 65-0359139 | Applied For <input type="checkbox"/> Not Applicable |
| 24 Zip 33903 | | 25 Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 26 Zip 33903 | | 27 Country USA | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 28 Zip 33903 | | 29 Country USA | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|---|--|--|--|--|-----------------------------|
| 9. Name and Address of Current Registered Agent BRADLEY, CARL, SR. 1250 PINEY ROAD NORTH FT. MYERS FL 33903 | | | | 10. Name and Address of New Registered Agent | |
| | | | | 81 Name Bradley, Carl, Sr. | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 20 Cabana Ave. | |
| | | | | 83 | |
| | | | | 84 City N. Ft. Myers | 85 Zip Code 33903 |

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

Signature: Type or print name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | | | | | |
|----------------------------|--------------------|---------------------------------|--|---|-----------------------|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | DP | <input type="checkbox"/> DELETE | | 1.1 TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BRADLEY, CARL, SR. | | | 1.2 NAME | Bradley, Carl, Sr. | | |
| STREET ADDRESS | 1250 PINEY RD | | | 1.3 STREET ADDRESS | 20 Cabana Ave | | |
| CITY - ST - ZIP | N. FT. MYERS FL | | | 1.4 CITY - ST - ZIP | N. FT. MYERS FL 33903 | | |
| TITLE | DST | <input type="checkbox"/> DELETE | | 2.1 TITLE | DST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BRADLEY, SUSANNE | | | 2.2 NAME | Bradley, Susanne | | |
| STREET ADDRESS | 1250 PINEY RD | | | 2.3 STREET ADDRESS | 20 Cabana Ave. | | |
| CITY - ST - ZIP | N. FT. MYERS FL | | | 2.4 CITY - ST - ZIP | N. FT. MYERS FL 33903 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 3.2 NAME | | | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | 3.4 CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | 4.4 CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | 5.4 CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | 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: Susanne Bradley REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

4/3/97 (944) 997-0310

Date

Daytime Phone #

CR2E034 (9/96)