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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1990	DIVISION OF CO	ORPORATION	NS			
1. Corporation		,					
MODE	RN AUTO PAINTING, INC	3.					
Principal Place	of Rusiness	Mailing Address					
% HARRY G							
2031 BARDE		% Harry G. Nile 2031 Barden St.					
FORT MYER	S FL 33916-4711	FORT MYERS FL 33916-4	1711			1 -	
					 Date Incorporated or Qualified 12/20/1982 	3a. Date of Last F 05/01/19	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	_ 	Applied For
21		26			59-2425954	h	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u></u>		5. Certificate of Status Desired	1 1	5 Additional
City & State	<u> </u>	City & State		·	C Floring Compains Financian	F86	Required
23		28			Election Campaign Financing Trust Fund Contribution		May Be
Ζιp	Country	Zip	Country	-·····	8. This corporation has liability for it		
24	25 29 30 9. Name and Address of Current Registered Agent				Florida Statutes	□No	
	9. Name and Address of Cur	rent Registered Agent	81 1	Name	10. Name and Address of New R	egistered Agent	
NILE H	ARRY G						
NILE, HARRY G. 2031 BARDEN ST.			82 5	Street Addre	ess (P.O. Box Number is Not Acceptable	e)	
	IYERS FL 33901		83			······································	
			B4 (0.4			
			1 1	City			p Code
			the above-nar	med corpora	ation submits this statement for the purp d of directors. I hereby accept the appo	cose of changing its	registered office
familiar wit	h, and accept the obligations of S	ection 607.0505, Floatda Statutes.	b) the corpore	200110 2001			
SIGNATURE _	Signature typed or printed gump of registered a	The Nes. (NOTE:)	Registered Agent sig	organiza sove drod	FITR	22/199	16
12.	OFFICERS A	AND DIRECTORS	13.	gnerar E redicinad	ADDITIONS/CHANGES TO OFF		
TITLE	PD	DELETE 1.1T				☐ Change	Addition
NAME	NILE, HARRY G.		1.2 NAME				
STREET ADORESS	2031 Barden St. Fort Myers Fl		1.3 STREET ADDRESS				
CITY-S1-ZIP TITLE	TONI MIENO FE	☐ DELETE	1.4 CITY - ST - ZIP 2 1 TITLE			C Change	- Addition
NAME		П ист.	2 2 NAME			☐ Change	☐ Addition
STREET ADDRESS			23 STREET AD	DRESS			
CHTY-ST-ZIP	24		24 CHTY- ST-Z				
TITLE		☐ DELETE	3 1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREE1 ADDRESS			3.3. STREET AD	DRESS			
CITY-ST-ZIP TITLE		DELETE	3.4 CITY - ST - Z	TIP		F3.05	
NAME		□ pricit	4. 1 TITLE 4.2 NAME			Change	☐ Addition
STREET ADDRESS			4.3 STREET ADI	nress			
CiTY+ST-ZiP			4.4 CITY - ST - Z				
TITLE		☐ DELETE	5. 1 TITLE			Change	Addition
NAME			5.2 NAME	İ			
STREET ADDRESS			5.3 STREET ADD	DRESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Factor	5.4 CITY-ST-Z	IP			
DILE		☐ DELETE	6 1 TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS			62 NAME	DDF00			
CITY-ST-ZIP			6.4 City-SI-Z				
200			■ 0.9 U111 - 31 - 7	ır I			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AM, 22, 1996 941-334.2729