

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

FILED

Jan 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **G47233** (3)  
1. Corporation Name  
**AUTO PAINT & SUPPLY, INC.**



Principal Place of Business  
**2006 W GRIFFIN RD  
2000 GRIFFIN ROAD  
LEESBURG FL 34748  
US**

Mailing Address  
**2006 W GRIFFIN RD  
2000 GRIFFIN ROAD  
LEESBURG FL 34748-3205  
US**

3. Date Incorporated or Qualified  
**07/01/1983**

3a. Date of Last Report  
**01/29/1996**

2. Principal Place of Business  
21 **2006 W. GRIFFIN RD.**

2a. Mailing Address  
26 **2006 W. GRIFFIN RD.**

4. FEI Number  
**59-2307137**

Applied For  
Not Applicable

22  
City & State  
23 **Leesburg FL**

27  
City & State  
28 **Leesburg FL**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

24 **34748** 25 **USA**

29 **34748** 30 **USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ISAACS, JOHN STEPHEN  
2006 W. GRIFFIN RD.  
LEESBURG FL 34748**

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 607.0502 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 \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>ST</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ISAACS, PAMELA</b>                     | 1.2 NAME  |   |
| STREET ADDRESS             | <b>36208 MICRO RACETRACK RD</b>           | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>FRUITLAND PARK FL</b>                  | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>V</b> <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WILLIAMS, ROGER ARTHUR</b>             | 2.2 NAME  |   |
| STREET ADDRESS             | <b>1104 LINDA GLEN AVE</b>                | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>FRUITLAND PARK FL</b>                  | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>P</b> <input type="checkbox"/> DELETE  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ISAACS, JOHN S</b>                     | 3.2 NAME  |   |
| STREET ADDRESS             | <b>36208 MICRO RACETRACK RD</b>           | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>FRUITLAND PARK FL</b>                  | 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: *[Signature]* **ISAACS** 1-18-97  
Date: \_\_\_\_\_ Daytime Phone #: **352-787-7200**

CR2E034 (9/96)