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PROFIT. CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K86429

A-RELIABLE PAINT & BODY, INC.

## **FILED** Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90044 012 \*\*\*150.00

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Principal Place								
775 S HANSEL	ST	775 S HANSEL ST					,,	
Pensacola fl	32505	PENSACOLA FL 32505			DO NOT WRITE IN TH	HS SDACE		
	<b>9</b>					IIO OI NOL		
					3. Date Incorporated or Qualifed			
					05/08/1989	1 1		
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number	<del></del>	olied For	-7
21		26			59-2992232		t Applicable	٠.
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•"		5. Certificate of Status Desired	\$8.75 A		٠
22		27			5. Certificate of Ctoles Desired	Fee Re	quired	
City & Stat	9	City & State			6. Election Campaign Financing	\$5.00	May Be	
23	•	28			Trust Fund Contribution	Added to	o Fees	•
Zip	Country	Zip	Coun	try	8. This corporation owes the current year	Intangible		
ភា៊ី	25	29	30		Personal Property Tax.		□No	
241	9. Name and Address of Current		1001		10. Name and Address of New Register	ed Agent		
	Section 2	, togistores rigoris	1	81 Name			-	
I AVA	ILLEE, PAUL R							
A-11:775	S HANSEL ST	•	. [	82 Street Add	Iress (P.O. Box Number is Not Acceptable)			
	SACOLA FL 32505			-	<ul> <li>よりできませる。 はりようないないできませんがある。 できますでは、これできますが、これできませんがある。</li> </ul>	e distribution de la constantia del constantia del constantia del constantia del constantia del constantia d	90 8 40 (43)	
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			i i	-	F	•L   `		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida State	utes, the ab	ove-named cor	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its	registered	
office or r	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida, Such change was	authorized Iorida Statut	by the corporat	ion's board of directors. I hereby accept the ap	ipointment as reg	diziesea	i
agent. i a	m familiar with, and accept the obligation	ions of, Section our cood, in	Olioa Gtato		•		. }	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NO)	TF: Registered A	agent signature requir	ed when reinstating) DATE		<del></del>	
12.	OFFICERS AND		13.	9	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	١
TITLE	D.	DELETE	1,1 TITL	E		. Change	☐ Addition	
	LAVALLEE, PAUL R.	<b>-</b>	1.2 NAA				,	,
NAME .	TEA LIOU ODEDDY DUACE		B B		•			. 6
STREET ADORESS				EET ADDRESS				
CITY-ST-ZIP		•						Ĺ
TITLE	PENSACOLA FL		1.4 CIT	Y-ST-ZIP		Change.	- Addition	Ĺ
IIILE	D	☐ DELETE				☐ Change	Addition	0
NAME	D LAVALLEE, DEBRA C.	☐ DELETE	1.4 CIT	.E		☐ Change	Addition	C
NAME	D	☐ DELETE	1.4 CIT 2.1 TITL 2.2 NAM	.E		☐ Change	Addition	i C
NAME STREET ADDRESS	D LAVALLEE, DEBRA C. 751 HOLSBERRY PLACE	☐ DELETE	1.4 CIT 2.1 TITU 2.2 NAM 2.3 STF	LE AE KEET ADDRESS	•	☐ Change	Addition	Local
NAME STREET ADDRESS CITY-ST-ZIP	D LAVALLEE, DEBRA C. 751 HOLSBERRY PLACE PENSACOLA FL	☐ DELETE	1.4 CIT 2.1 TITU 2.2 NAM 2.3 STF	.E AE KEET ADDRESS Y-ST-ZIP	•	☐ Change	Addition	
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14. Thereby 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, with all other like empowered.