FILED

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000027002

CLAY COLLISION REBUILDERS & RESTORATION, INC.

Principal Place	Mailing Address	Iress				I is bits at the least even sents a		,=,, ,==,,	i	
1008 LORING AVENUE 1008 LORING AVENUE										
SUITE 28 SUITE 28							DO NOT WR	ITE IN THIS	SDACE	
ORANGE PARK FL 32073 ORANGE PARK FL 32073						3 Date	e Incorporated or Qualifed		SPACE	
							05/1995:	•		
2 Principal P	Place of Business	2a, Mailing Address					Number			Applied For
· ·	lace of Edsilless	26					3309022		-	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					Ī	J		5 Additional
22	,	27				5. Cert	tifcate of Status Desired	````	Fee	Required
City & Stat	te	City & State				6. Elec	tion Campaign Financing		\$5.0	0 May Be
23		28				Trus	st Fund Contribution		Adde	d to Fees
Zip	Country Zip Co			гу		8. This	corporation owes the cur	rent year Inta	angible	~
24	25	29 3	30				sonal Property Tax.		☐ Yes	ŽN0
	9. Name and Address of Current	Registered Agent		4 4		10. Nan	ne and Address of New	Registered A	Agent	
CANT	TODO THOMAS C ATTY		8	1 Name						
SANTORO, THOMAS C ATTY.				2 Street	Addres	s (P.O. E	Box Number is Not Accept	table)		
1700 WELLS ROAD			L				<u> </u>			
SUITE 5 Orange Park FL 32073			8	3						
ORANGE FARK FL 32073				4 City					85 Zi	p Code
							· · · · · · · · · · · · · · · · · · ·	FL	hooding	ita spaintered
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	of Florida. Such change was aut	horized b	y the corp	corpor oration	ation sub 's board (of directors. I hereby acce	pt the appoin	itment as	registered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	da Statute	śs.						ĺ
SIGNATURE								DATE		
40	Signature, typed or printed name of registered agent OFFICERS ANI		13.	ent signature	requirea v		TIONS/CHANGES TO O		D DIREC	TORS IN 12
12.	PT OFFICERS AND	D DIRECTORS DELETE	1,1 TITLE	 	5	ADD	10101010111020 10 0	1102.107.11	Chang	-
NAME	BUSSIE, JAN R		1.2 NAME							
STREET ADDRESS	1008 LORING AVENUE, #28			- ET ADDRESS						
1	ORANGE PARK FL 32073		1.4 CITY-							
CITY-ST-ZIP TITLE	VS	DELETE	2.1 TITLE				<u> </u>		Chang	e 🗍 Addition
NAME	MCGANN, MIKE	7	2.2 NAME							
STREET ADDRESS	1008 LORING AVENUE, #28			ET ADDRESS						
	ORANGE PARK FL 32073		2. 4 CITY							
CITY-ST-ZIP	OTHER TAIN TE DEDIG	☐ DELETE	3.1 TITLE		1		1		☐ Chang	e 🔲 Addition
NAME			3.2 NAME					÷ .		
STREET ADDRESS			3.3 STRE	ET ADORESS						i
CITY-ST-ZIP			3.4. CITY							
TITLE		☐ DELETE	4.1 TITLE						☐ Chang	e
NAME			4. 2 NAM	E			ı			Ì
STREET ADDRESS			4.3 STRE	ET ADDRESS			1			
CITY-ST-ZIP			4.4 CITY-				i			
TILE		☐ DELETE	5.1 TITLE		Î				Chang	e 🗌 Addition
NAME			5.2 NAME	3			•			
STREET ADDRESS			5.3 STRE	ET ADDRESS						
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			;	<u> </u>		
TITLE		☐ DELETE	6.1 TITLE				•		☐ Chang	e 🔲 Addition
NAME			6.2 NAME					-		
STREET ADDRESS			6.3 STRE	ET ADDRESS			1			

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR