

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

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90041 035 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000003505**

1. Corporation Name  
**AMERICAN COLLISION CENTER, INC.**



Principal Place of Business: ~~6544 123RD AVENUE UNIT D~~ **6560 116th Ave.**  
 LARGO FL 33773

Mailing Address: **6544 123RD AVENUE**  
 UNIT D  
 LARGO FL 33773

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/13/1998**

2. Principal Place of Business  
 21 **6560 116th Ave.**  
 Suite, Apt. #, etc.

2a. Mailing Address  
 26 **6560 116th Ave.**  
 Suite, Apt. #, etc.

4. FEI Number  
**59-3496035**

Applied For  
 Not Applicable

22 City & State  
**Largo FL**

27 City & State  
**Largo FL**

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

23 Zip Country  
**33773 Pinellas**

28 Zip Country  
**33773 Pinellas**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

**MORRIS, ROBERT E**  
**4016 HENDERSON BLVD.**  
**TAMPA FL 33629**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COSTELLO, JOHN E</b>	1.2 NAME	
STREET ADDRESS	<del>6544 123RD AVE. UNIT D</del> <b>6560 116th Ave.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL 33773</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COSTELLO, DOUGLAS J</b>	2.2 NAME	
STREET ADDRESS	<del>6544 123RD AVE. UNIT D</del> <b>6560 116th Ave.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL 33773</b>	2.4 CITY-ST-ZIP	
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 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.

SIGNATURE: \_\_\_\_\_ DATE: **1/13/99** DAYTIME PHONE #: **727-541-7201**

CR2E034 (11/98)