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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90146 035 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000029852

1. Corporation Name
DOC'S CUSTOM & COLLISION INC.



Principal Place of Business SUNSHINE BUSINESS CENTER 106 EDWARD AVENUE LEHIGH ACRES FL 33972	Mailing Address SUNSHINE BUSINESS CENTER 106 EDWARD AVENUE LEHIGH ACRES FL 33972
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 508 C Sunshine Blvd Suite, Apt. #, etc. 22 Lehigh Acres Fl City & State 23 33971 USA Zip Country 24 25	2a. Mailing Address 26 508 C Sunshine Blvd Suite, Apt. #, etc. 27 Lehigh Acres Fl City & State 28 33971 USA Zip Country 29 30	3. Date Incorporated or Qualified 03/30/1998	4. FEI Number 65-0823818 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LAROCQUE, JOHN M SUNSHINE BUSINESS CENTER 106 EDWARD AVENUE LEHIGH ACRES FL 33972	10. Name and Address of New Registered Agent 81 Name John LAROCQUE 82 Street Address (P.O. Box Number is Not Acceptable) 106 EDWARD AVE 83 Lehigh Acres Fl 33972 84 City FL 85 Zip Code
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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: *[Signature]* DATE: 1/11/99
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 OWNER/PRES <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME John LAROCQUE	1.2 NAME		
STREET ADDRESS 106 EDWARD AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP Lehigh Acres Fl 33972	1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	2.2 NAME		
STREET ADDRESS	2.3 STREET ADDRESS		
CITY-ST-ZIP	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: *[Signature]* DATE: 1/11/99 (991-303-0491)
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)