SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -7 AM 11:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **J99302** **(8)**

1. Corporation Name
BONITA COLLISION CENTER, INC.

Principal Place of Business	Mailing Address
16301 OLD US 41 P.O. BOX 2551 BONITA SPRINGS FL 33959-2551	16301 OLD US 41 P.O. BOX 2551 BONITA SPRINGS FL 33959-2551

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/23/1987
3a. Date of Last Report: 04/08/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) County (25) | Zip (29) County (30)

4. FEI Number: 65-0008357 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
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

MARQUIS, RICHARD D.
16301 OLD US 41
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name: MARQUES. RICHARD D.
82 Street Address (P.O. Box Number is Not Acceptable)
83: 26591 BONITA GRANDE
84 City: BONITA SPRENGS 85 FL Zip Code: 33923

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: D E Woodcock V.P. DATE: 7/31/95
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	D	11 TITLE	☐ Change ☐ Addition
NAME	MARQUIS, RICHARD D.	12 NAME	RECHARD D. MANUES
STREET ADDRESS	3890 ALOHA LANE	13 STREET ADDRESS	26591 BONETA GRANDE
CITY-ST-ZIP	BONITA SPRINGS FL	14 CITY-ST-ZIP	BONETA SPRENGS FL 33923
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	WOODCOCK, DAVID E.	22 NAME	DAVED E. WOODCOCK
STREET ADDRESS	27201 ESTHER DR.	23 STREET ADDRESS	25295 LUCE DR
CITY-ST-ZIP	BONITA SPRINGS FL	24 CITY-ST-ZIP	BONETA SPRENGS FL 33923
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: D E Woodcock DAVID E. WOODCOCK 7/31/95 813-566-3808
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0182036 FP