FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

'95 APR 27 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S53640 (6)

1. Corporation Name

MARKUS CUSTOM PAINT AND BODY SHOP, INC.

Principal Place of Business: ~~16887 W GOLDCUP DRIVE LOXAHATCHEE FL 33470~~ 206 10th Street Lake Park Fla. 33403

Mailing Address: ~~16887 W GOLDCUP DRIVE LOXAHATCHEE FL 33470~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/20/1991

3a. Date of Last Report: 04/25/1994

2. Principal Place of Business
21: 206 10th Street
22: Suite, Apt. #, etc.
23: City & State: Lake Park, Florida
24: Zip: 33403
25: County:

2a. Mailing Address
26: 206 10th Street
27: Suite, Apt. #, etc.
28: City & State: Lake Park Florida
29: Zip: 33403
30: County:

4. FEI Number: 65-0292386 ☐ 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

JUCKETT, MARK R.
C/O MARKUS CUSTOM PAINT
206 TENTH STREET
LAKE PARK FL 33403

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 (Signature, typed or printed name of registered agent and title if agent is an officer) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	DIRECTOR & PRESIDENT	☑ Change ☐ Addition
NAME	JUCKETT, MARK R	12 NAME		
STREET ADDRESS	16887 W GOLDCUP DR	13 STREET ADDRESS		
CITY ST ZIP	LOXAHATCHEE FL	14 CITY ST ZIP		
TITLE	D	21 TITLE	VICE PRESIDENT & DIRECTOR	☑ Change ☐ Addition
NAME	JUCKETT, DEBRA A	22 NAME		
STREET ADDRESS	16887 W GOLDCUP DR	23 STREET ADDRESS		
CITY ST ZIP	LOXAHATCHEE FL	24 CITY ST ZIP		
TITLE		31 TITLE	SECRETARY/TREASURER	☑ Change ☑ Addition
NAME		32 NAME	MARY ANN JUCKETT	
STREET ADDRESS		33 STREET ADDRESS	217 EAST PALMA CIRCLE	
CITY ST ZIP		34 CITY ST ZIP	W. PALM BEACH, FL 33415	
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		

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: MaryAnn M. Juckett MaryAnn Juckett 4/24/95 407-863-7267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

Secretary & Treasurer

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