

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90101 011 ***150.00

DOCUMENT # 416084

1. Corporation Name

FORT WALTON PAINT & BODY SHOP, INC.



Principal Place of Business

**37 BEAL PARKWAY N.E.
P.O. BOX 175
FT. WALTON BCH FL 32549**

Mailing Address

**37 BEAL PARKWAY N.E.
P.O. BOX 175
FT. WALTON BCH FL 32549**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1973

4. FEI Number

59-1469109

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip Country

28
Zip Country

24
Zip Country

29
Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHARON, JEFF
37 BEAL PARKWAY NE
FT. WALTON BEACH FL 32548**

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **SHARON, JEFF**
STREET ADDRESS **6072 TERRACE LANE**
CITY-ST-ZIP **CRESTVIEW FL**

TITLE **VD** ☐ DELETE

NAME **SHARON, FRANK**
STREET ADDRESS **801 LINDEN AVE**
CITY-ST-ZIP **NICEVILLE FL**

TITLE **STD** ☐ DELETE

NAME **SHARON, HARROLD**
STREET ADDRESS **3415 DOLPHIN ST**
CITY-ST-ZIP **DESTIN FL**

TITLE **D** ☐ DELETE

NAME **SHARON, J.D.**
STREET ADDRESS **WISES BLUFF CHOCTAW RV**
CITY-ST-ZIP **BRUCE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**STD
Sharon, Harrold
768 Liveoak St.
Freeport, FL 32439**

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:

Sharon, Jeff Sharon 4/1/99 850-243-3555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034-11/98