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 MAY -1 PM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **476499** **(9)**

1. Corporation Name

ECONO AUTO PAINTING OF PENSACOLA, INC.

Principal Place of Business	Mailing Address
4107 N. PALAFOX AVENUE PENSACOLA FL 32505 US	405 N. MILITARY TRAIL WEST PALM BEACH FL 33415

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
05/20/1975	03/02/1994

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

4. FEI Number: 59-1647772 ☐ 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	10. Name and Address of New Registered Agent
AKSOMITAS, W WARD 4 HARVARD CIR S200 W PALM BCH FL 33409	81 Name: AKSOMITAS, W. WARD 82 Street Address (P.O. Box Number is Not Acceptable): 6685 FOREST HILL BLVD. 83: SUITE 206 84 City: WEST PALM BEACH FL 85 Zip Code: 33413

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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	WAYNE DYCUS	1.2 NAME	
STREET ADDRESS	3595 E. JOHNSON AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	WATSON, DAVID	2.2 NAME	WATSON DAVID
STREET ADDRESS	6234 WESTERN WAY	2.3 STREET ADDRESS	405 N. MILITARY TRAIL
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33415
TITLE	STD	3.1 TITLE	STD ☒ Change ☐ Addition
NAME	MORRIS, CAROLYN	3.2 NAME	MORRIS, CAROLYN
STREET ADDRESS	6234 WESTERN WAY	3.3 STREET ADDRESS	405 N. MILITARY TRAIL
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33415
TITLE	VST	4.1 TITLE	☐ Change ☐ Addition
NAME	ROSS, BARBARA	4.2 NAME	
STREET ADDRESS	121 W. PINETREE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	VD ☒ Change ☐ Addition
NAME	BRUCE WATSON	5.2 NAME	WATSON, BRUCE
STREET ADDRESS	6234 WESTERN WAY	5.3 STREET ADDRESS	405 N. MILITARY TRAIL
CITY-ST-ZIP	LAKE WORTH FL	5.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33415
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 authorized 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: Barbara Ross BARBARA ROSS 4/24/95 407.686-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0202013 CP