**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

**DOCUMENT # 476499 (9)**

1. Corporation Name

**ECONO AUTO PAINTING OF PENSACOLA, INC.**

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

3. Date Incorporated or Qualified: **05/20/1975**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
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

**AKSOMITAS, W WARD**
**6685 FOREST HILL BLVD**
**STE 206**
**W PALM BCH FL 33413**

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, this 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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 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 | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WATSON, DAVID | | 2.2 NAME | | |
| STREET ADDRESS | 405 N. MILITARY TRAIL | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WEST PALM BEACH FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | STD | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MORRIS, CAROLYN | | 3.2 NAME | | |
| STREET ADDRESS | 405 N. MILITARY TRAIL | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WEST PALM BEACH FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | VST | ☐ DELETE | 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 | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BRUCE WATSON | | 5.2 NAME | | |
| STREET ADDRESS | 405 N. MILITARY TRAIL | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WEST PALM BEACH FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (12/95)

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 above, or on an attached sheet, with my address.

**SIGNATURE:** Barbara Ross BARBARA ROSS 4/17/96 407 686-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone No.