

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Amended

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 NOV 24 AM 9:00

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 Ave. 405 N. Military Trail
Pensacola, FL 32505 West Palm Bch, FL
33415

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5/20/75	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1647772	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Aksomitas, W Ward
6685 Forest Hill Blvd
Ste 206
West Palm Bch, FL 33413

10. Name and Address of New Registered Agent

81 Name **James J. Reeves**
82 Street Address (P.O. Box Number is Not Acceptable)
730 Bayfront Parkway, Suite IV
83
84 City **Pensacola** FL 85 Zip Code **32501**

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 607.0509, Florida Statutes.

SIGNATURE **James J. Reeves** November 18, 1998
Signature typed or printed name of registered agent (one 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dycus, Clinton W	1.2 NAME	
STREET ADDRESS	3596 Johnson Ave	1.3 STREET ADDRESS	100002703731 - 5
CITY-ST-ZIP	Pensacola, FL	1.4 CITY-ST-ZIP	-12/04/98 -01103--006
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dycus, Jacqueline R	2.2 NAME	
STREET ADDRESS	3596 Johnson Ave	2.3 STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP	Pensacola, FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dycus, Michelle L	3.2 NAME	
STREET ADDRESS	3595 Johnson Ave	3.3 STREET ADDRESS	
CITY-ST-ZIP	Pensacola, FL	3.4 CITY-ST-ZIP	
TITLE	AST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rooney, Gary W	4.2 NAME	
STREET ADDRESS	405 N Military Trail	4.3 STREET ADDRESS	
CITY-ST-ZIP	West Palm Bch, FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Clinton W. Dycus*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-17-98 8504338278
Date Daytime Phone #

CR2E034 (5/98)