## 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** 

## DOCUMENT # 476499 1. Corporation Name

ECONO AUTO PAINTING OF PENSACOLA, INC.

Principal Flace	e ur ausiness	Walling Address				1			1.57	
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 Incorporate	d or Qualifed			
						05/20/1975				
		A BANKS Address				4. FEI Number			- 1 I A	pplied For
2. Principal Pi	lace of Business	2a. Mailing Address				1				·
21		26				<u>59-1647772</u>				lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Stat	ue Decired			Additional
22		27				3. Certificate of Stat	03 Desired	_	Fee R	lequired
City & State	e ·	City & State				6. Election Campaig	on Financing .		\$5.00	May Be
23		28				Trust Fund Contr	-			to Fees
Zip	Country	Zip	Cour	ntrv		8. This corporation		t year Into	naible	
				,		Personal Propert		ı yezi ilk	Yes	□No
24	25	11	30			<u> </u>	<u> </u>			
	9. Name and Address of Curre	nt Registered Agent				10. Name and Addr	ess of New Keg	gisterea /	Agent	
		•		81	Name					
	VES, JAMES J		ŀ	82 3	Stroot Addra	ess (P.O. Box Number i	is Not Accentable	٥١		
730	<b>BAYFRONT PARKWAY, SUITE N</b>	V		02	Street Addres	55 (F.O. DOX Number I	3 140t Acceptable	-,		
PEN	SACOLA FL 32501		ŀ	83		Y 21, 31	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	350 (160.)	16 1 1 1 1 T	1 11 11 11
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			•	84	City			FL	85 Zip	Code
	to the provisions of Sections 607.050	00 1 007 1500 Florido Statuto	- tha ab	20110 1	omed come	rotion cubmits this stat.			changing it	s registered
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida, Such change was au	ithorized	bv the	e corporation	n's board of directors.	hereby accept t	he appoir	ntment as r	egistered
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SIGNATURE		ALOTE:	Distanced	A	lamenture consultated	when reinstation (*) * *		DATE		
	Signature, typed or printed name of registered age			Agent si	ignature required s	when reinstating);; ** ; ; ;	NOTE TO OFFI	DATE AN	D DIRECT	ODS IN 12
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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 suppliemental 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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

**FILED** 

Feb 17, 1999 8:00am

**Secretary of State** 

02-17-1999 90004 004 \*\*\*150.00