

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

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**Jun 03 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 480164 (3)

1. Corporation Name
ROY'S BODY SHOP, INC.



Principal Place of Business: 5002 S WESTSHORE BLVD TAMPA FL 33611 US

Mailing Address: 5002 S WESTSHORE BLVD TAMPA FL 33611 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-25)
2a. Mailing Address (26-30)

3. Date Incorporated or Qualified: 07/08/1975

4. FEI Number: 59-1608618

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
QUIN, GALE
5002 S WESTSHORE BLVD
TAMPA FL 33611

Karlene M. Ludwig
5002 S. Westshore
Tampa, FL 33611

10. Name and Address of New Registered Agent

81 Name: Karlene M. Ludwig

82 Street Address (P.O. Box Number is Not Acceptable): 5002 S. Westshore Blvd.

83

84 City: Tampa, FL 85 Zip Code: 33611

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: Karlene M. Ludwig - Karlene M. Ludwig

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	QUIN, ROBERT R	
STREET ADDRESS	5002 S WEST SHORE BLVD	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	QUIN, GALE	
STREET ADDRESS	9425 LAMBRIGHT	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	DELETE
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	400002549244
6.3 STREET ADDRESS	-06/05/98--01085--003
6.4 CITY-ST-ZIP	***150.00

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 person or persons authorized to execute this report as provided by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment to this report.

SIGNATURE: Robert R. Quin, Karlene M. Ludwig

4/17/98

CR2E034 (10/97)