

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 490872 (9)

1. Corporation Name

ELECTRO-BAKE AUTO PAINTING CORPORATION OF CHARLO
TTE COUNTY



Principal Place of Business

2110 VICTORIA AVE
2081 ALICIA ST.
FT MYERS FL 33901
US

Mailing Address

2004 NUREMBERG
PUNTA GORDA FL 33983
US

3. Date Incorporated or Qualified
02/10/1976

3a. Date of Last Report
06/23/1995

2. Principal Place of Business

2a. Mailing Address

21 5200 Palm Beach Blvd
Suite Apt #, etc

26 State, Apt #, etc.

22 5200 Palm Beach Blvd
City & State

27 City & State

23 Ft. Myers FL
Zip Country

28 Zip

Country

24 33905

25

29

30

4. FEI Number
59-1643199

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

BOWIE, ANN
2044 NUREMBERG BLVD
PUNTA GORDA FL 33983

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 607.0142 and 607.1506, 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

(Print, Type, or Stamped Signature as appropriate)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

101	P	BOWIE, ANN	2044 NUREMBERG	PUNTA GORDA FL
NAME				
STREET ADDRESS				
CITY, ST, ZIP				
102	V	BOWIE, NAT	2044 NUREMBERG	PUNTA GORDA FL
NAME				
STREET ADDRESS				
CITY, ST, ZIP				
103				
NAME				
STREET ADDRESS				
CITY, ST, ZIP				
104				
NAME				
STREET ADDRESS				
CITY, ST, ZIP				
105				
NAME				
STREET ADDRESS				
CITY, ST, ZIP				

101	NAME	Change	Addition
102	NAME		
103	STREET ADDRESS		
104	CITY, ST, ZIP		
201	NAME	Change	Addition
202	NAME		
203	STREET ADDRESS		
204	CITY, ST, ZIP		
301	NAME	Change	Addition
302	NAME		
303	STREET ADDRESS		
304	CITY, ST, ZIP		
401	NAME	Change	Addition
402	NAME		
403	STREET ADDRESS		
404	CITY, ST, ZIP		
501	NAME	Change	Addition
502	NAME		
503	STREET ADDRESS		
504	CITY, ST, ZIP		
601	NAME	Change	Addition
602	NAME		
603	STREET ADDRESS		
604	CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Ann D. Bowie* Ann D. Bowie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96 (44) 93-5978
Date Filing Fee

CR2E034 (12/95)