

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

APPROVED
AND
FILED

1997 OCT 15 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **492257** AMENDED
1. Corporation Name
CLEARVIEW AUTOBODY, INCORPORATED

Principal Place of Business Mailing Address
**950 N.E. 16TH STREET
OCALA, FL 34470** **950 NE 16 St.
Ocala, FL 34470**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/09/75	3a. Date of Last Report 02/19/97
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 59-1647563	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27	29 City & State	30	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**Barbara Prendergast
5360 N.E. 2ND Lane
Ocala, FL 34470**

10. Name and Address of New Registered Agent

81 Name **Douglas Prendergast**
82 Street Address (P.O. Box Number is Not Acceptable)
3275 SE 56TH av
83
84 City **Ocala** FL 85 Zip Code **34474**

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 *[Signature]* **Douglas Prendergast 10/14/97** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Douglas Prendergast <input type="checkbox"/> DELETE	1.1 TITLE	Pres/Sec/Dir <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3275 SE 56th av	1.2 NAME	
STREET ADDRESS	Ocala, FL 34474	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	Barbara Prendergast <input type="checkbox"/> DELETE	2.1 TITLE	V-Pres/dir/Tres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5360 NE 2nd Lane	2.2 NAME	
STREET ADDRESS	Ocala, FL 34470	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	Charles w. "Chip" Prendergast <input type="checkbox"/> DELETE	3.1 TITLE	V-pres/ dir <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	81 Pecan Dr	3.2 NAME	
STREET ADDRESS	Ocala, FL 34482	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	100002323101--1
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-10/17/97--01071--005
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	*****\$1.25 *****\$1.25
NAME		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 do 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 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: *[Signature]* **Barbara Prendergast 10/08/97** #352 732 3383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)