

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
AMOUNT DUE ON OR BEFORE 8/9/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandia B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

1995 AUG -3 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 518831 (3)

1. Corporation Name

COUNTY AUTO PAINTS SPECIALTY HOUSE, INCORPORATED

Principal Place of Business

2061 INDIAN RD.
WEST PALM BCH. FL 33409

Mailing Address

2061 INDIAN RD.
WEST PALM BCH. FL 33409

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/19/1976

3a. Date of Last Report

07/22/1994

4. FBI Number

59-1732124

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

6. This corporation has liability for intangible tax under s. 109.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

ESPOSITO, FRANK R. JR.
2061 INDIAN RD.
W. PALM BCH. FL 33409

10. Name and Address of New Registered Agent

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 607.0502 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

William Esposito

7-27-95

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

ESPOSITO, FRANK, JR
720 COLUMBUS DR.
TIERRA VERDE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D - CHAIRMAN OF BOARD
ESPOSITO, FRANK, SR
700 BOWWOOD CIR
N PALM BCH FL W. PALM BCH, FL 33409

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SE PRESIDENT, SECRETARY
ESPOSITO, WILLIAM
5812 LADY LUCK RD.
PALM BCH GRDNS FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SE DIRECTOR
ESPOSITO, WILLIAM
5812 LADY LUCK RD.
PALM BCH GRDNS FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

ESPOSITO, FRANK, JR
720 COLUMBUS DR.
TIERRA VERDE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PETER LOSITO
DIRECTOR, KEN VILLALBA
2061 INDIAN RD
W. PALM BCH, FL 33409

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby 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:

William Esposito

7-27-95

407-684-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #