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

PROFIT CORPORATION ANNUAL REPORT

B & S BODY SHOP, INC.



FEORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

612901

(9)

FILED Feb 23 1996 8:00 am Secretary of State



| 2109 MARTII            |  | 2109 MARTIN STR                        |                    |   |  |   |                    |                               |             |
|------------------------|--|--|--------------------|---|--|---|--------------------|-------------------------------|-------------|
| JACKSONVIL             | Principial Place of Business Mailing Address 2109 MARTIN STREET 2109 MAR |  |                    |   |  |   |                    |                               |             |
|                        | LLE FL 32207   | JACKSONVILLE FL 32207                  |                    |   |  |   |                    |                               |             |
|                        |  |  |                    |   |  | 3. Date Incorporated or Qualified 03/14/1979  | 3a. Date           | of Last F<br>03/10/           |             |
| 2. Francipal Plac<br>1 | to of Business   | 2a. Mailing Address<br>26              |                    |   | 4. FEI Number Applied For S9-1907887 Not Applied For |   |                    | Applied For<br>Not Applicable |             |
| Suite, Apt #,          | etc.   | Suite, Apt. #, etc. 27 City & State 28 |                    |   |  | 5. Certificate of Status Desired S8.75 Additional Fee Required  6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees |                    |                               |             |
| City & State           | · ····································                                   |  |                    |   | ·,···,• · · · · · · · · · · · · · · · ·              |   |                    |                               |             |
| Ζφ:<br><b>24</b>       | Country 25   | Ζη: Country 30                         |                    |   |  | 8. This corporation has liability for in Florida Statutes Yes   | ntangible ta<br>No | x under s                     | 199.032,    |
|                        | 9. Name and Address of Current   | Registered Agent                       |                    |   |  | 10. Name and Address of New Re  | gistered /         | Agent                         |             |
|                        |  |  | 3                  | 31  | Name   |   |                    |                               |             |
|                        | Shepherd<br>Iartin Street  |  | 82 Street A        |   |  | ress (P.O. Box Number is Not Acceptable   | e)                 |                               |             |
|                        | ONVILLE FL 32207   |  | 8                  | 33  |  |   |                    |                               |             |
|                        |  |  | Ē                  | 34  | City   |   |                    | 85 7                          | ip Code     |
| 44 45 55 11            |  |  | ., ,               |   |  | ration submits this statement for the purp  | FL                 |                               |             |
| 12.                    | OFFICERS AND   | OFFICERS AND DIRECTORS                 |                    |   | signature require                                    | d wher remolating) ADDITIONS/CHANGES TO OFFI  |                    |                               |             |
| Title                  | DT   | DELETE                                 | 1. 1 1171          | ιE  |  |   | L                  | Change                        | Addition    |
| HAME                   | SCHEIDER, BETTY<br>2109 MARTIN ST  |  | 1.2 NAM            |   |  |   |                    |                               |             |
| STREET A'JORESS        |  | IAOVOOANIELE EL OOOOO                  |                    | 1,3 STREET ADDRESS<br>1 4 City - St - 2iP |  |   |                    |                               |             |
| 00'y \$1 ZP<br>101F    | DP   | DELETE                                 | 2 1 111            |   | · ZIP  |   |                    | 7 Change                      | ☐ Addition  |
| NAME                   | SCHEIDER, LEWIS  | Clean                                  | 2 2 NAN            |   |  |   | _                  | _                             |             |
| STREET ADORESS         | 2109 MARTIN ST   |  | 1                  |   | ADDRESS  |   |                    |                               |             |
| CIDY ST ZIP            | JACKSONVILLE, FL 00000   |  | 2.4 0111           | r-S1                                      | - 7IF  |   |                    |                               |             |
| Int, f                 | D  |  |                    | 3 1 TITLE                                 |  |   |                    | ] Change                      | ☐ Addition  |
| NAMI                   | SCHEIDER, TENESA   |  | 3 2 NAN            |   | ļ  |   |                    |                               |             |
| STREET ADDRESS         | 2109 MARTIN STREET<br>JACKSONVILLE, FL 00000                             |  |                    |   | ADDRESS  |   |                    |                               |             |
| CUY ST ZIE             | MD   | [ ] DELETE                             | 3.4 CITY<br>4.1 TH |   | - ZIP  |   | F                  | Change                        | [ Addition  |
| NAM-                   | SHEPHERD, WYATT  | I                                      |                    | 4.2 NAME                                  |  |   | _                  |                               |             |
| STREET ADDRESS         | 2109 MARTIN STREET   |  |                    |   | ADDRESS  |   |                    |                               | 4           |
| C(1) - \$1 Z()         | JACKSONVILLE, FL 00000   |  | 4.4 CiT            |   |  |   |                    |                               |             |
| THE                    |  | ☐ DELETE                               | 5 1 TIT            | LΕ  |  |   |                    | Change                        | Addition    |
| NAM:                   |  |  | 5.2 NAM            | Λŧ  |  |   |                    |                               |             |
| STREET ADDRESS         |  |  | <b>.</b>           |   | ADDRESS  |   |                    |                               |             |
| Off 51-22              |  | DELFTE                                 | 5 4 CIT            |   | 1 - 21P  |   |                    | T Chance                      | Addition    |
| TI'LE                  |  | L_J DELFTE                             | 6 1 111            |   |  |   | L                  | Change                        | T1 vonition |
| 10.18 to               |  |  |                    |   |  |   |                    |                               |             |
| NAMI<br>STREET ACORESS |  |  | 6.2 NAM<br>6.3 STH |   | address  |   |                    |                               |             |

14. I do he ely 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 outry, 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 AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/94

(904) 399-4881

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