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FILED
May 12 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 # 612901 (9)

1. Corporation Name
B & S BODY SHOP, INC.



Principal Place of Business

2109 MARTIN STREET
JACKSONVILLE FL 32207

Mailing Address

2109 MARTIN STREET
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1979

4. FEI Number

59-1907887

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 3261 Philips Hwy.

Suite, Apt. #, etc.

22

City & State

23 Jacksonville, FL

Zip

24 32207

Country

25 USA

2a. Mailing Address

26 3261 Philips Hwy.

Suite, Apt. #, etc.

27

City & State

28 Jacksonville, FL

Zip

29 32207

Country

30 USA

9. Name and Address of Current Registered Agent

WYATT, SHEPHERD
2109 MARTIN STREET
JACKSONVILLE FL 32207

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

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 ☐ DELETE

NAME SCHEIDER, BETTY
STREET ADDRESS 2109 MARTIN ST
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME SCHEIDER, LEWIS
STREET ADDRESS 2109 MARTIN ST
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME SCHEIDER, TENESA
STREET ADDRESS 2109 MARTIN STREET
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ DELETE

NAME SHEPHERD, WYATT
STREET ADDRESS 2109 MARTIN STREET
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME TREASURER
SCHEIDER, BETTY
1.3 STREET ADDRESS 3261 Philips Hwy.
1.4 CITY-ST-ZIP Jacksonville, FL 32207

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME PRESIDENT
SCHEIDER, LEWIS
2.3 STREET ADDRESS 3261 Philips Hwy.
2.4 CITY-ST-ZIP Jacksonville, FL 32207

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME SECRETARY
ANDERSON, Belinda
4.3 STREET ADDRESS 3261 Philips Hwy.
4.4 CITY-ST-ZIP Jacksonville, FL 32207

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 *Belinda Anderson* *Lewis H Scheider* *Betty Scheider*

CR2E034 (10/97)