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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 627761 1. Corporation Name

BARBER'S AUTO BODY, INC.

Principal Place of Business Mailing Address 10974 70TH AVE. NORTH SEMINOLE FL 33772 US Mailing Address 10974 70TH AVE. NORTH SEMINOLE FL 33772 US					·		
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					07/01/1979		
lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
	├ -¬				59-1915429	No	t Applicable
#, etc.	Suite, Apt. #, etc.				e Codificate of Status Decired	\$8.75	Additional
•	27				5. Certificate of Status Desired	Fee Re	quired
e	City & State				6. Election Campaign Financing		
	28				Trust Fund Contribution	Added (o Fees
Country	Zip	Соцг	ntry				_
25	29	30					□No
9. Name and Address of Cui	rrent Registered Agent		- т		10. Name and Address of New Registered	Agent	
DED MIKE			81	Name			
		ŀ	82	Street Addr	ess (P.O. Box Number is Not Acceptable)	·	
					<u> </u>		
INULE FL 33//2			83				
		<u> </u>	84	City		85 Zip (Code
				•		L `	
edictored agent or hoth in the St	rate of Florida. Such change was au	ithorized	DV I	tne corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its cintment as re	registered gistered
mi familiar with, and accept the oc	oligations of, Section Gov. 6565, Fish	ida Otato					
Signature, typed or printed name of registered	agent and title if applicable. (NOTE:	Registered /	Agent	t signature required	when reinstating) DATE		
OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
PT	☐ DELETE	1.1 TIT	LE			Change	Addition
BARBER, MIKE		1.2 NA	ΜE		•		
10974 70TH AVE. NO.		1.3 ST	REET.	ADDRESS	,		
i .		1.4 CIT	Y-ST	r-ZIP			
	☐ DELETE	2.1 TIT	LE			Change	☐ Addition
		2.2 NA	ME			•	
!		2.3 STI	REET	ADDRESS			
		2.4 CF	TY-S1	T-ZIP			
		_				Change	Addition
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[(_) DELETE	3.2 NA	ME	- 1			ſ
	☐ DELETE."	•		ADDRESS	w		
	☐ DELETE~	3.3 STI	REET	1			
	☐ DELETE	3.3 STI 3.4. CI	REET	1		☐ Change	Addition
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		3.3 STI 3.4. CI 4.1 TIT 4. 2 NA	REET TY-SI LE ME	T-ZIP		☐ Change	Addition
		3.3 STI 3.4. CI 4.1 TIT 4. 2 NA 4.3 STI	REET TY-ST LE AME REET	T-ZIP ADDRESS		☐ Change	Addition
	☐ DELETE	3.3 STI 3.4. CI' 4.1 TIT 4. 2 NA 4.3 STI 4.4 CII	REET TY-SI LE MME REET TY-ST	T-ZIP ADDRESS	·	☐ Change	Addition Addition
		3.3 STI 3.4. CI 4.1 TIT 4. 2 NA 4.3 STI	REET TY-SI LE AME REET TY-ST LE	T-ZIP ADDRESS			
	☐ DELETE	3.3 STI 3.4. CI 4.1 TIT 4.2 NA 4.3 STI 4.4 CTI 5.1 TIT 5.2 NA	REET TY-ST LE REET TY-ST LE ME	T-ZIP ADDRESS			
	☐ DELETE	3.3 STI 3.4. CI 4.1 TIT 4.2 NA 4.3 STI 4.4 CTI 5.1 TIT 5.2 NA	REET TY-ST LE REET TY-ST LE ME REET	T-ZIP ADDRESS T-ZIP ADDRESS			
	E. NORTH 33772 Place of Business #, etc. Country 25 9. Name and Address of Cur BER, MIKE 74 70TH AVE. NORTH INOLE FL 33772 to the provisions of Sections 607 registered agent, or both, in the Sim familiar with, and accept the ob Signature, typed or printed name of registered OFFICERS PT BARBER, MIKE 10974 70TH AVE. NO. SEMINOLE FL	E. NORTH 33772 10974 70TH AVE. NORTH SEMINOLE FL 33772 US 102	E. NORTH 33772 10974 70TH AVE. NORTH SEMINOLE FL 33772 US 2a. Mailing Address 26	E. NORTH 33772 SeMINOLE FL 33772 US	E NORTH 33772 Bace of Business 2a. Mailing Address 2b. #, etc. City & State 2a. Country Zip Street Address 4. (ity Country Address of Current Registered Agent BER, MIKE A 70TH AVE. NORTH INOLE FL 33772 B3 Ad City To the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpegistered agent, or both, in the State of Florida. Such change was authorized by the corporation familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS The ARBER, MIKE 10974 70TH AVE. NO. SEMINOLE FL DELETE 1.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP DELETE 3.1 TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE	E NORTH SEMINOLE FL 33772 US DO NOT WRITE IN THE 3. Date Incorporated or Qualifed 077/01/1979 flace of Business 2a. Mailing Address 2a Mailing Address 2a Mailing Address 4. FEI Number 59-1915429 #, etc. 27 Country 27 Country 28 Country 29 30 Country 29 30 Seminocurrent Registered Agent 10. Name and Address of New Registered 11. Name BER, MIKE 47 70TH AVE. NORTH INOLE FL 33772 In an and Address of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approximation with, and accept the obligations of, Section 607.0505, Florida Statutes Personal provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the approximation with, and accept the obligations of, Section 607.0505, Florida Statutes Personal provisions of Sections 607.0502 and 607.0505, Florida Statutes 10. Name and Address of Microscopic was authorized by the corporation's board of directors. I hereby accept the approximation with, and accept the obligations of, Section 607.0505, Florida Statutes Personal provisions of Sections 607.0502 and 607.1508, Florida Statutes 13. ADDITIONS/CHANGES TO OFFICERS A Provisions of Sections 607.0502 and 607.1508, Florida Statutes 14. TITLE 15. ADDITIONS/CHANGES TO OFFICERS A Provisions of registered agent and title if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS A Provisions of registered agent and title if applicable. 13. STREET ADDRESS 24. CITY ST. 2P 13. DELETE 21. TITLE 22. WAME 23. STREET ADDRESS 24. CITY ST. 2P 13. TITLE 24. CITY ST. 2P 13. TITLE 24. CITY ST. 2P 13. TITLE 24. CITY ST. 2P	E NORTH 30772 SEMINOLE FL 39772 US 100 NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/01/1979 1ace of Business 2a. Mailing Address 2b. Mailing Address 2c. Country 2c. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2c. City & State 2c. City & State 2c. Country 2c. Countr

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS