

**CORPORATION  
ANNUAL REPORT  
1995**



**James B. Markham  
Secretary of State  
DIVISION OF CORPORATIONS**

**PAID  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 30 AM 8:18**

**DOCUMENT # 647996 (8)**

**1. Corporation Name  
THE CHASSIS & BODY SHOP, INC.**

**Principal Place of Business Mailing Address  
8857 PHILLIPS HWY 8857 PHILLIPS HWY  
JACKSONVILLE FL 32256-8301 JACKSONVILLE FL 32256-8301**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 12/03/1979 3a. Date of Last Report 05/01/1994**

**4. FEI Number 59-1969654 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 has liability for intangible tax under S. 199.032, Florida Statutes [X] Yes [ ] No**

**2. Principal Place of Business 2a. Mailing Address**

**21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.**

**22 City & State 28 City & State**

**23 Zip Country 29 Zip Country 30**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**HARRIS, ROBERT P SR  
8857 PHILLIPS HWY  
JACKSONVILLE FL 32256**

**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 of officeholder

NOTE: Registered Agent signature required when re-registering.

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**TITLE VPD  
NAME HARRIS, LYNNE  
STREET ADDRESS 8857 PHILLIPS HWY  
CITY ST ZIP JACKSONVILLE FL**

**11 TITLE [ ] Change [ ] Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY ST ZIP [ ] Change [ ] Addition**

**TITLE PTD  
NAME HARRIS, ROBERT P SR  
STREET ADDRESS 8857 PHILLIPS HWY  
CITY ST ZIP JACKSONVILLE FL**

**21 TITLE [ ] Change [ ] Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY ST ZIP [ ] Change [ ] Addition**

**TITLE SD  
NAME HARRIS, LISA  
STREET ADDRESS 8857 PHILLIPS HWY  
CITY ST ZIP JACKSONVILLE FL**

**31 TITLE [ ] Change [ ] Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY ST ZIP [ ] Change [ ] Addition**

**TITLE D  
NAME HARRIS, ROBERT P., JR.  
STREET ADDRESS 8857 PHILLIPS HWY  
CITY ST ZIP JACKSONVILLE FL**

**41 TITLE [ ] Change [ ] Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY ST ZIP [ ] Change [ ] Addition**

**TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP**

**51 TITLE [ ] Change [ ] Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY ST ZIP [ ] Change [ ] Addition**

**TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP**

**61 TITLE [ ] Change [ ] Addition  
62 NAME  
63 STREET ADDRESS  
64 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 business assignee to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if director, or in Block 14 if business assignee.**

**SIGNATURE: [Signature] RP HARRIS 03/30/95 904/363-2800**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR Date Daytime Phone #