FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **685486** **(3)**

1. Corporation Name
ECONO AUTO PAINTING OF FT. PIERCE, INC.

Principal Place of Business	Mailing Address
3804 OLEANDER AVE. FT. PIERCE FL 34461 US	405 N MILITARY TR W PALM BEACH FL 33415 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/26/1980
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-2042179 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24: 34982
Country — 25
Zip — 29
Country — 30
9. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AKSOMITAS, W, WARD
4 HARVARD CIR
SUITE 200
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name: AKSOMITAS W. WARD
82 Street Address (P.O. Box Number is Not Acceptable): 6685 FOREST HILL BLVD.
83: SUITE 206
84 City: WEST PALM BEACH FL 85 Zip Code: 33413

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	11 TITLE	STD ☒ Change ☐ Addition
NAME	MORRIS, CAROLYN	12 NAME	MORRIS, CAROLYN
STREET ADDRESS	6234 WESTERN WAY	13 STREET ADDRESS	405 N. MILITARY TRAIL
CITY-ST-ZIP	LAKE WORTH FL	14 CITY-ST-ZIP	WEST PALM BEACH, FL 33415
TITLE	VD	21 TITLE	VP ☒ Change ☐ Addition
NAME	WATSON, BRUCE	22 NAME	WATSON, BRUCE
STREET ADDRESS	6234 WESTERN WAY	23 STREET ADDRESS	405 N. MILITARY TRAIL
CITY-ST-ZIP	LAKE WORTH FL	24 CITY-ST-ZIP	WEST PALM BEACH, FL 33415
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	CORBIN, DENNIS	32 NAME	
STREET ADDRESS	590 VENETIAN WAY	33 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	VD ☒ Change ☐ Addition
NAME	WATSON, DAVID W	42 NAME	WATSON, DAVID
STREET ADDRESS	6234 WESTERN WAY	43 STREET ADDRESS	405 N. MILITARY TRAIL
CITY-ST-ZIP	LAKE WORTH FL	44 CITY-ST-ZIP	WEST PALM BEACH, FL 33415
TITLE	VST	51 TITLE	☐ Change ☐ Addition
NAME	ROSS, BARBARA	52 NAME	
STREET ADDRESS	121 W. PINE TREE	53 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: Barbara Ross BARBARA ROSS 4/24/95 407-686-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0262031 CP