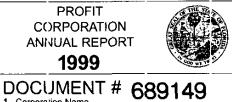
PROFIT **CORPORATION** ANNUAL REPORT

1999

1. Corporation Name



NORTH FLORIDA COLLISION SALES AND SERVICE, INC.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90007 008 ***150.00

					- 	30110	hi Bibil bigh ain	
Principal Place of Business			Mailing Address					
1701 MAINLINE DR. QUINCY FL 32351		PO BOX 602 QUINCY FL 32353-0602 US			DO NOT WRITE IN THIS SPACE			
US		00			3. Date Incorporation 09/25/1980	ted or Qualifed		
2. Principa Pl	ace of Business	2a. Mailing Address			4. FEI Number			Apr lied For
21		26			59-2029503			Not Applicable
Suite, Apt. #, etc.		<u> </u>	Suite, Apt. #, etc.		5. Certifc ate of Status Desired			Additional Recuired
22		27						
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23 Courte		Zip Country			Trust Fund Contribution Added to Fees 8. This corporation owes the current year intangible			
Zip Cour try				Persor al Prope		ntang≀ble ☐ Yes	I⊒No	
24	9. Name and Address of Curren		30		_ 	dress of New Register		
	9. Name and Address of Curre	n Registered Agent		81 Name	10. Name and Acc	ness of the register	<u>. a rige</u>	
STRI	CKLAND, W.J.							
	MAINLINE DR.		[8	Street A	c dress (P.O. Box Numbe	r is Not Acceptable)		
	NCY FL 32351		-	83				
U.S.			'	33				
			1	B4 City		F	85 Zi	ip Code
11 Pursuant	to the provisions of Scctions 607.050	22 and 607 1508 Florida Statute	es the abo	l ove-named c	r rooration submits this st	atement for the purpose	of changing	its registered
office crr	egistered agent, or both, in the State m familiar with, and accept the obliga	cf Florida. Such change was at	uthorized I	by the corpo	ration's board of directors	. I hereby accept the ap	ointment as	registered
SIGNATUFE		A deal of a police bloom in the control of the cont	Desistand A	and expeture re	qı ired when reinstating)	DATE		
12.	Signature, typed or printed na ne of registered age	NI) DIRECTORS	13.	gent aignature re		ANGES TO OFFICERS		TORS IN 12
TITLE	DP OF TIGEROA	DELETE	1.1 TITL	F	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Chang	
NAME	STRICKLAND, W J	_	1.2 NAM				_	
	816 W KING STREET			EET ADDRESS				
STREET ADDRESS	QUINCY, FLORIDA 00000			-ST-ZIP				
CITY-ST-ZiP	DST	DELETE	2.1 TITL				Chang	e Additio
TITLE			2.1 ME					_
NAME	STRICKLAND, JOEL							
STREET ADDRESS	816 W KING ST		1	EET ADDRESS				
CITY-ST-ZIP	QUINCY FL			Y-ST-ZIP			Chang	ge 🗀 Additio
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NAME			3.2 NAV	ł				
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CITY-ST-ZIP				Y-ST-ZIP			Chang	ge Additio
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NAME			4. 2 NAM					
STREET ADDRESS				EET ADDRESS				
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NAME .			5 2 NAM					
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CITY-ST-ZIP				Y-ST-ZIP				
TITLE		☐ DELETE	6.1 TITL				☐ Chang	ge 🔲 Additio
NAME			62 NAM					
STREET ADDRESS			6.3 STR	EET ADDRESS				
CITY-ST-ZIP			6.4 CITY	Y-ST-ZIP				

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 attact ment with an address, with all other like empowered.

4-27-99 850-875.1168