

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Lansford M. Burns  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 19 PM 1:00

DOCUMENT # 855066 (7)  
1. Corporation Name  
PRICE'S INCORPORATED OF PALM BEACH COUNTY

Principal Place of Business Mailing Address  
325 NORTH FEDERAL HIGHWAY DELRAY BEACH FL 33483-5516  
325 NORTH FEDERAL HIGHWAY DELRAY BEACH FL 33483-5516

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/23/1982	3a. Date of Last Report 01/19/1994
4. FBI Number 59-2238977	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. <i>Price's Custom Auto Trim</i>	2a. Mailing Address 26. <i>same</i>
State, Apt. #, etc. 22. <i>325 N. Fed. Hwy.</i>	State, Apt. #, etc. 27. <i></i>
City, State 23. <i>DeLray Beach, Florida</i>	City & State 28. <i></i>
Zip 24. <i>33483</i>	Country 25. <i>USA</i>

9. Name and Address of Current Registered Agent PRICE, RUBY M. 325 N. FEDERAL HWY. DELRAY BEACH FL 33444	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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 \_\_\_\_\_  
(Register, list, or amend name of registered agent and the address) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HILLMAN, CHARLES D. 503 N.W. 8TH COURT BOYNTON BEACH FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1086 S.W. 27th Place Boynton Beach, Fl. 33426</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PRICE, RUBY M. 540 SE 27TH WAY BOYNTON BEACH FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if my name appears in Block 12 or Block 13 of this filing, or on an attachment with or without it.

SIGNATURE: *Ruby M. Price* 1-13-95 401-278-8434  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR FILER OR DIRECTOR