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Jan 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F28185 (9)  
1. Corporation Name  
ECONO AUTO PAINTING OF SHELBY COUNTY, INC.



Principal Place of Business Mailing Address  
HWY-62 WEST RT 2 BOX 307 A HWY-62 WEST RT 2 BOX 307 A  
P.O. BOX 149 P.O. BOX 149  
ASH-FLT-AR 72512-0149 HARDY, AR. 72542 ASH-FLT-AR 72512-0149

2. Principal Place of Business 2a. Mailing Address  
21 RT 2 BOX 307 A 26 RT 2 BOX 307 A  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 HARDY, AR. 28 HARDY, AR.  
Zip Country Zip Country  
24 72542 25 SHARP 29 72542 30 SHARP

3. Date Incorporated or Qualified 04/02/1981 3a. Date of Last Report 07/08/1996  
4. FEI Number 59-2081905 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 Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
C T CORPORATION SYSTEM 81 Name  
1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable)  
PLANTATION FL 33324 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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	WATSON, TEDDY	1.2 NAME	WATSON, TEDDY
STREET ADDRESS	RT. 2, BOX 227B	1.3 STREET ADDRESS	RT 2 BOX 307 A
CITY - ST - ZIP	HARDY AR	1.4 CITY - ST - ZIP	HARDY, AR. 72542
TITLE	STD	2.1 TITLE	STD
NAME	WATSON, ROBERTA	2.2 NAME	WATSON, ROBERTA
STREET ADDRESS	RT. 2, BOX 227B	2.3 STREET ADDRESS	RT 2 BOX 307 A
CITY - ST - ZIP	HARDY AR	2.4 CITY - ST - ZIP	HARDY, AR. 72542
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: 1-9-97 501-856-3231  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)