## FILE NOW: FILING FEE AFTER-MAY-1ST-IS-\$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # F46077**

1. Corporation Name

Suite, Apt. #, etc.

NAUGLE, DENNIS

208 GREEN ACRES ROAD FT. WALTON BEACH FL 32548

DENNY'S AUTO BODY AND CORVETTE SPECIALTY, INC.

Mailing Address Principal Place of Business 208 GREEN ACRES RD 208 GREEN ACRES RD. C/O 188-A GREEN ACRES ROAD C/O 188-A GREEN ACRES ROAD FT. WALTON BEACH FL 32547 FT. WALTON BEACH FL 32547 3. Date incorporated or Qualifed 09/25/1981 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-2124981 26

Suite, Apt. #, etc.

27 City & State City & State 28 Country Country Zip 30 25 29 9. Name and Address of Current Registered Agent

**FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90228 036 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable

office or registered agent. I am familiar signature. The signature, type 12.  PS NAUGLE 188-A G	visions of Sections 607.0502 and 607. agent, or both, in the State of Florida. with, and accept the obligations of, Se  ped or printed name of registered agent and little if app  OFFICERS AND DIRECT  E, DENNIS  AREEN ACRES RD  TON BEACH, FL00000	Such change was au ection 607.0505, Flor plicable. (NOTE:	thorized by the corpora	red when reinstating)	DATE	ment as r	ORS IN 12
Signature, typ  2.  PS NAUGLE 188-A G FT WAL  ST-ZIP  1 ADDRESS  ST-ZIP	OFFICERS AND DIRECT E, DENNIS REEN ACRES RD	ORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE			Change	☐ Addition
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ST-ZIP			5.4 CITY-ST-ZIP				
		☐ DELETE	6.1 TRILE			Change	Addition
			6.2 NAME				
- : ADORESS			6.3 STREET ADDRESS				
ST-ZIP			6.4 9/TY-ST-ZIP				
I horeby cortify that	the information supplied with this filing nual report or supplemental annual rep	does not qualify for	the exemption stated in	Section 119.07(3)(i), Florid	a Statutes. I further cert	ify that the	information

81 Name

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