

F95000001220

TRANSMITTAL LETTER

FD-502 (Rev. 7-76)

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

SUBJECT: CHARLOTTE AUTO PRINTING, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LEN WILBANKS
(Name of Person)
PEACH WAREHOUSE
(Firm/Company)
506 45TH ST STE A4
(Address)
COLUMBUS GA 31904
(City, State and Zip Code)

5/14
STAMPED
RECEIVED
MAY 14 1981

Should you need to call someone concerning this matter, please call:

LEN WILBANKS at (706) 324 - 0002
(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:

1. CHARLOTTE AUTO PAINTING, INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. NORTH CAROLINA 3. 56-1683504
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12-22-89 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. APRIL 95
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.)

7. 545 MERCY DRIVE
ORLANDO FL 32805
(Current mailing address)

8. AUTO PAINTING & REPAIR
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: LEN WILBANKS

Office Address: 545 MERCY DR

ORLANDO FL 32805, Florida, 32805
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Len Wilbanks
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: LEN WILBANKS

Address: 545 MERCY DR
ORLANDO FL 32805

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: LEN WILBANKS

Address: 545 MERCY DR
ORLANDO FL 32805

Vice President: _____

Address: _____

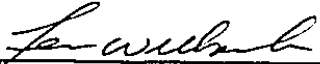
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. LEN WILBANKS
(Typed or printed name and capacity of person signing application)

RECEIVED
SEP 17 1984
FBI - ORL

STATE OF
NORTH
CAROLINA



Department of The
Secretary of State

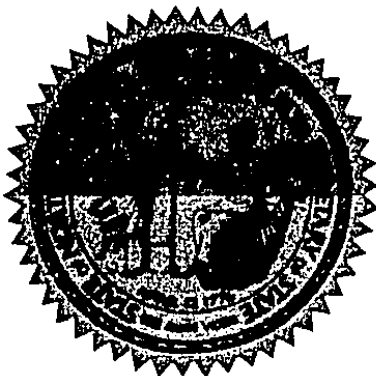
CERTIFICATE OF EXISTENCE

I, RUFUS L. EDMISTEN, *Secretary of State of the State of North Carolina*, do hereby certify that

CHARLOTTE AUTO PAINTING, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 22nd day of December, 1989, with its period of duration being perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by G.S. 55-16-22 has not yet been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 2nd day of March, 1995.

Rufus L. Edmisten

Secretary of State

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1990.
AMOUNT DUE ON OR BEFORE 8/7/90 \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra H. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000001220
1. Corporation Name
CHARLOTTE AUTO PAINTING, INC.

Principal Place of Business

545 MERCY DRIVE
ORLANDO FL 32805

Mailing Address

506 45TH ST SUITE A2
COLUMBUS GA 31904

3. Date Incorporated or Qualified 03/14/95	3a. Date of Last Report
4. FEI Number 56-1683504	Applied For 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
8. 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	2a. Mailing Address
21. 545 MERCY DRIVE	20. 506 45TH ST
22. Suite, Apt. #, etc.	27. SUITE A2
23. City & State ORLANDO FL	28. City & State COLUMBUS GA
24. Zip 32805	29. Zip 31904
25. Country US	30. Country US

9. Name and Address of Current Registered Agent

LEN WILBANKS
545 MERCY DRIVE
ORLANDO FL 32805

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. 800001938678--T -11/07/96--01021--023
84. City ***383.7FL ***383.75

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 Len Wilbanks LEN WILBANKS 10-25-96
Signature typed or printed name of registered agent and title if applicable (Must be signed Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT / DIRECTOR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEN WILBANKS	1.2 NAME	
STREET ADDRESS	545 MERCY DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32805	1.4 CITY - ST - ZIP	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFF HUDSON	2.2 NAME	
STREET ADDRESS	545 MERCY DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32805	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Len Wilbanks LEN WILBANKS 10-25-96 (706) 324 0002
Signature typed or printed name of signing officer or director Date Date/Time Phone #

Reinstatement 1996
mwB
11-6-96
FILED
96 NOV -4 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (3/96)