

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Aug 11 1997 8:00am  
Secretary of State

DOCUMENT # F96000002567 (3)

1. Corporation Name  
LDI AUTOPAINTS, INC.



Principal Place of Business  
251 NORTH ILLINOIS STREET  
SUITE 1800  
INDIANAPOLIS IN 46204

Mailing Address  
251 NORTH ILLINOIS STREET  
SUITE 1800  
INDIANAPOLIS IN 46204

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 54 Monument Cir.	26 54 Monument Cir
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 800	27 Suite 800
City & State	City & State
23 Indianapolis IN	28 Indianapolis IN
Zip	Zip
24 46204	29 46204
Country	Country
25 U.S.A	30 U.S.A

3. Date Incorporated or Qualified 05/22/1996	3a. Date of Last Report
4. FEI Number 35-1982252	Applied For Not Applicable
5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

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 \_\_\_\_\_ (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	> SAME
NAME	YOUNG, THOMAS U	1.2 NAME	
STREET ADDRESS	251 NORTH ILLINOIS STREET SUITE 1800	1.3 STREET ADDRESS	54 monument Cir #800
CITY-ST-ZIP	INDIANAPOLIS IN 46204	1.4 CITY-ST-ZIP	Indianapolis In 46204
TITLE	SD	2.1 TITLE	SD
NAME	REYNOLDS, ROBERT H	2.2 NAME	Reynolds, Robert H.
STREET ADDRESS	251 NORTH ILLINOIS STREET SUITE 1800	2.3 STREET ADDRESS	54 monument Cir #800
CITY-ST-ZIP	INDIANAPOLIS IN 46204	2.4 CITY-ST-ZIP	Indianapolis In 46204
TITLE	TD	3.1 TITLE	> SAME
NAME	FENNESSY, WILLIAM J	3.2 NAME	
STREET ADDRESS	251 NORTH ILLINOIS STREET SUITE 1800	3.3 STREET ADDRESS	54 monument Cir. #800
CITY-ST-ZIP	INDIANAPOLIS IN 46204	3.4 CITY-ST-ZIP	Indianapolis In 46204
TITLE	CD	4.1 TITLE	> SAME
NAME	LACY, ANDRE B	4.2 NAME	
STREET ADDRESS	251 NORTH ILLINOIS STREET SUITE 1800	4.3 STREET ADDRESS	54 monument Cir #800
CITY-ST-ZIP	INDIANAPOLIS IN 46204	4.4 CITY-ST-ZIP	Indianapolis In 46204
TITLE	ASD	5.1 TITLE	> SAME
NAME	MARGOT ECCLES, MARGO L	5.2 NAME	
STREET ADDRESS	251 NORTH ILLINOIS STREET SUITE 1800	5.3 STREET ADDRESS	54 monument Cir #800
CITY-ST-ZIP	INDIANAPOLIS IN 46204	5.4 CITY-ST-ZIP	Indianapolis In 46204
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: *Whitney Eccles Margo L Eccles* 8/5/97 317/237-5410

CR2E034 (4/97)