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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000002917

1. Corporation Name

PEACH AUTO PAINTING AND COLLISION, INC.

Principal Place of Business

506 45TH ST #A2
COLUMBUS GA 31904
US

Mailing Address

506 45TH ST #A2
COLUMBUS GA 31904
US

2. Principal Place of Business

21 506 MANCHESTER EXP

Suite, Apt. #, etc.

22 Suite A-2

City & State

23 Columbus GA

Zip

24 31904

Country

2a. Mailing Address

26 506 MANCHESTER EXP

Suite, Apt. #, etc.

27 Suite A-2

City & State

28 Columbus GA

Zip

29 31904

Country

30

9. Name and Address of Current Registered Agent

HUDSON, JEFF
1705 WEST FAIRFIELD DR.
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name SHANNON JANSSEN

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

1705 WEST FAIRFIELD DR.

83

84 City PENSACOLA

FL

85

Zip Code

32501

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

TITLE CP
NAME WILBANKS, LENWARD C
STREET ADDRESS 506 45TH ST., STE. A-Z
CITY-ST-ZIP COLUMBUS GA 31904

☐ DELETE

TITLE DV
NAME GRIFFIN, LISA
STREET ADDRESS 506 45TH ST., STE. A-Z
CITY-ST-ZIP COLUMBUS GA 31904

☐ DELETE

TITLE DV
NAME RODIER, LAURA
STREET ADDRESS 506 45TH ST., STE. A-Z
CITY-ST-ZIP COLUMBUS GA 31904

☐ DELETE

TITLE SCFO
NAME WALTERS, JOSEPH W
STREET ADDRESS 506 45TH ST., STE. A-Z
CITY-ST-ZIP COLUMBUS GA 31904

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: Laura Rodier VP 4-1-99 7063240002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)