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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G14078

(1)

MODERN AUTO PAINTING, INC.

| Principal Place of Business | Mailing Address | |
|------------------------------------|------------------------------------|--|
| % HARRY G. NILE 2031 BARDEN ST. | % Harry G. Nile 2031 Barden St. | |
| FORT MYERS FL 33916-4711 | FORT MYERS FL 33916-4711 | |

| FILED |
|--------------------|
| Apr 30 1997 8:00am |
| Secretary of State |



| % HARRY G. NILE 2031 BARDEN ST. FORT MYERS FL 33916-4711 | | | | | ARRY G. BARDEN T MYERS | | 711 | | | 3. Date Incorporated or Qualified 3a. Date of Last Report 04/29/1996 |
|--|--|---------------|---|-------|------------------------------|-------------|--------------------------------------|--------------|------------------|--|
| 2. Principal Pl | lace of Busin | ess | T | 2a. | Mailing A | ddress | | | | 4. FEI Number Applied For |
| 21 | | | ľ | 26 | = | | | | | 59-2425954 Not Applicable |
| Sulte, Apt. | #, etc. | | | 27 | Suite, Ap | it. #, etc. | | | | 5. Certificate of Status Desired S8.75 Additional Fee Required |
| City & State | 6 | | | 28 | City & St | ate | | | | S. Election Campaign Financing Trust Fund Contribution Added to Fees |
| Zip 24 | | Country 25 | | 29 | Zip | | 30] | intry | | 8. This corporation has liability for invangible lax under s. 199.032, Florida Statutes ☑ Yes ☐ No |
| | | | of Current R | egist | ered Age | nt | | | | 10. Name and Address of New Registered Agent |
| | , Harry G. | | | | | | | 81 | Name | |
| | Barden S T Myers F | | ė. | | • | | | 82 | Street A | Address (P.O. Box Number is Not Acceptable) |
| | | | | | | | | 83 | | |
| | | | | | | | | 84 | City | FL 85 Zip Code |
| SIGNATURE | | | ns 607,0502 at in the State of I it the obligation registered agent at | | | | | | | I corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered erequired when reinstating) |
| 12. | algriditure, typed | | ICERS AND D | | | (14) | 13. | o vide | in a grainie | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD NILE, HAR 2031 BAR FORT MY | den St. | | | | DELETE | 1.1 TI 1.2 N/ 1.3 SI 1.4 CI | AME IREET | ADDRESS 1-ZIP | Change Addition |
| TITLE NAME STREET ADDRESS | | | | | |] DELETE | | AME IREET | ADDRESS | Change Addition |
| CITY-ST-ZIP | | | | | - | Terrere | | | 31 - ZIP | |
| TITLE | } | | | | Ļ. | DELETE | 3111 | | | Change Addition |
| NAME Street address | | | | | | | 32 N | | ADDRESS | |
| CITY-ST-ZIP | | | | | | | | | ST-ZIP | |
| TITLE | | | | | T | DELETE | 4.1 TI | | ., 211 | Change Addition |
| NAME | | | | | | | 4. 2 N | AMÉ | | |
| STREET ADDRESS | | | | | | | 4.3 S | REE1 | ADDRESS | |
| CITY-ST-ZIP | | | | | _ | | 4.4 CI | TY-S | T-ZIP | |
| TITLE | | | | | | DELETE | 5.1 TI | 11E | | ☐ Change ☐ Addition |
| NAME | | | | | | | 5.2 N | | | |
| STREET ADDRESS | | | | | | | | | ADDRESS | |
| CITY-ST-ZIP | | | | | | 1 601525 | 54C | _ | 1-7IP | |
| TITLE | | | | | | _] DELETE | 61 TI | | | Change Addition |
| NAME | | | | | | | 6.2 ₩ | | | |
| STREET ADDRESS | | | | | | | | | ADDRESS | |
| CITY-ST-7IP | | | | | | | 6.4 CI | TY.S | 1 - 7/P | 1 |

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.

MARKY