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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # G

G47000

(6)

ERNIE'S BODY SHOP, INC.

FILED Mar 27 1998 8:00am Secretary of State

| Principal Place  | of Business                                    | Mailing Address                                       |  |  | ÁIN ÁIÐIN AIÐIN AIÐIS ÁIÐSN SAÐI |
|--|--|---|--|--|----------------------------------|
| % CHARLES J. PETERSON  |  | % CHARLES J. PETERSON                                 |  |  |                                  |
| 657 EAST VENICE AVE.   |  | 657 EAST VENICE AVE.                                  |  |  | 0.004.05                         |
| VENICE FL 34292  |  | VENICE FL 34292                                       |  | DO NOT WRITE IN THIS SPACE                                 |                                  |
|  |  |   |  | 3. Date incorporated or Qualified                          |                                  |
| A BOLL LIB   | 46   | Do Nothing Address                                    |  | 07/01/1983<br>4. FEI Number                                | 1 4-0-45                         |
|  | ace of Business                                | 2a. Mailing Address                                   |  |  | Applied For                      |
| Suite, Apt. 6  | t atc  | Suite, Apt. #, etc.                                   |  | 59-2306814   | Not Applicable \$8.75 Additional |
| 22   | , do.  | 27  |  | 5. Certificate of Status Desired                           | Fee Required                     |
| City & State   |  | City & State  |  | 6. Election Campaign Financing                             | \$5.00 May Be                    |
| 23   |  | 28  |  | Trust Fund Contribution                                    | Added to Fees                    |
| Zip  | Country  | Zip   | Country                                | 8. This corporation owes or has paid the o                 | urrent year Intangible           |
| 24   | 25   | 29  | 30                                     | Personal Property Tax due June 30.                         | Yes No                           |
|  | 9. Name and Address of Curre                   | ent Registered Agent                                  |  | 10. Name and Address of New Registere                      | d Agent                          |
| PE1  | TERSON, CHARLES J.                             |   | 81 Name                                | SAME   |                                  |
| 657 EAST VENICE AVE.   |  |   | 82 Street Addr                         | ress (P.O. Box Number is Not Acceptable)                   |                                  |
| VENICE FL 34292  |  |   |  |  |                                  |
|  |  |   | 83                                     |  |                                  |
|  |  |   | 84 City                                |  | 85 Zip Code                      |
|  |  |   | - '                                    | F  | L                                |
| 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. |  |   |  |  |                                  |
| agent. I am lamiliar with and accept the obligations of, Section 607.0505, Florida Statutes.   |  |   |  |  |                                  |
| SIGNATURE Chil / Fetime 3-21-98  |  |   |  |  |                                  |
| <del></del>  | Signature, typud or printed name of gistuled a | igant and tille il applicable (NOTE:<br>.ND DIRECTORS | Registered Agent signature require 13. | red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A |                                  |
| 12.<br>TITLE   | PD   | DELETE  | 1.1 TITLE                              | ADDITIONS/CHANGES TO OFFICERS A                            | Change Addition                  |
| NAME   | PETERSON, CHARLES J.                           |   | 1.2 NAME                               |  |                                  |
| STREET ADDRESS   | 657 E. VENICE AVE.                             |   | 1.3 STREET ADORESS                     |  |                                  |
| CITY-ST-ZIP  | VENICE FL                                      |   | 1.4 CITY - ST - ZIP                    |  |                                  |
| TITLE  | VPS  | DELETE  | 2.1 TITLE                              | <u>,</u>   | ☐ Change ☐ Addition              |
| NAME   | PETERSON, CAROLE T.                            |   | 2.2 NAME                               |  | · ·                              |
| STREET ADDRESS   | 657 E. VENICE AVE.                             |   | 2.3 STREET ADDRESS                     |  |                                  |
| CITY-ST-ZIP  | VENICE FL                                      |   | 2. 4 CITY - ST - ZIP                   |  |                                  |
| TITLE  |  | ☐ DELETE  | 3.1 TITLE                              |  | Change Addition                  |
| NAME   |  |   | 3.2 NAME                               |  |                                  |
| STREET ADDRESS   |  |   | 3.3 STREET ADDRESS                     |  |                                  |
| CITY-ST-ZIP  |  |   | 3.4. CITY-ST-ZIP                       |  |                                  |
| TITLE  |  | ☐ DELETE  | 4.1 TITLE                              |  | ☐ Change ☐ Addition              |
| NAME   |  |   | 4. 2 NAME                              |  |                                  |
| STREET ADDRESS   |  |   | 4.3 STREET ADDRESS                     |  |                                  |
| CITY-ST-ZIP  |  |   | 4.4 CITY-ST-ZIP                        |  |                                  |
| TITLE  |  | ☐ DELETE  | 5.1 TITLE                              |  | Change Addition                  |
| NAME   |  |   | 5.2 NAME                               |  |                                  |
| STREET ADDRESS   |  |   | 5.3 STREET ADDRESS                     |  |                                  |
| CITY-ST-ZIP  |  |   | 5.4 CITY-ST-ZIP                        |  |                                  |
| TITLE  |  | ☐ DELETE  | 6.1 TITLE                              |  | Change Addition                  |
| NAME   |  |   | 6.2 NAME                               |  |                                  |
| STREET ADDRESS   |  |   | 6.3 STREET ADDRESS                     |  | İ                                |
| CITY-ST-ZIP  |  | Maria Pili and American                               | 6.4 CITY-ST-ZIP                        | Continu 110 07/2/(i) Elorida Statutas Liurther             |                                  |

4. 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.

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