

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # G66893 (0)

1. Corporation Name: RELIABLE AUTO PAINT & SUPPLIES, INC.



Principal Place of Business

Mailing Address

**% JAMES A. WHEATLEY
3350-F HANSON STREET
FORT MYERS FL 33916**

**3350 HANSON STREET
F
FT. MYERS FL 33916
US**

2. Principal Place of Business

2a. Mailing Address

21 State App. #
22 City, & State
23 Zip
24 Country

26 State App. #
27 City, & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**WHEATLEY, JAMES A.
3350-F HANSON STREET
FORT MYERS FL 33916**

3. Date Incorporated or Qualified: **10/28/1983**
3a. Date of Last Report: **03/02/1995**
4. FEI Number: **59-2338969**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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: **FL**

11. Pursuant to the provisions of Sections 607.06(2) and 607.05(1), 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. Thereby accept the appointment as registered agent. I am hereby withdrawing my resignation, if applicable, from the State of Florida.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.1 NAME	PTD WHEATLEY, JAMES A.	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS	3350F HANSON ST.	
12.3 CITY, STATE, ZIP	FORT MYERS FL	
12.4 NAME	VSD WHEATLEY, LINDA	<input type="checkbox"/> DELETE
12.5 STREET ADDRESS	3350F HANSON ST.	
12.6 CITY, STATE, ZIP	FORT MYERS FL	
12.7 NAME		<input type="checkbox"/> DELETE
12.8 STREET ADDRESS		
12.9 CITY, STATE, ZIP		
12.10 NAME		<input type="checkbox"/> DELETE
12.11 STREET ADDRESS		
12.12 CITY, STATE, ZIP		
12.13 NAME		<input type="checkbox"/> DELETE
12.14 STREET ADDRESS		
12.15 CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 STREET ADDRESS		
13.3 CITY, STATE, ZIP		
13.4 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 STREET ADDRESS		
13.6 CITY, STATE, ZIP		
13.7 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8 STREET ADDRESS		
13.9 CITY, STATE, ZIP		
13.10 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.11 STREET ADDRESS		
13.12 CITY, STATE, 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)(a), Florida Statutes. I further certify that the information included 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 B-06-12 or B-06-23 if changed, as compared to my filing address.

SIGNATURE: *James A. Wheatley, President James A. Wheatley* 1/16/95 941-732-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)