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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Apr 18 1997 8:00am

Secretary of State

(96/6)

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G92911

(8)

VAN'S AUTO BODY, INC.

appears in Bloc

SIGNATURE;

Principal Place of Business Mailing Address 2204 ATLANTIC BLVD 2204 ATLANTIC BLVD JACKSONVILLE FL 32207-3505 JACKSONVILLE FL 32207 3. Date Incorporated or Qualified 3a. Date of Last Report 03/23/1984 05/09/1996 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-2390187 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, ctc 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing City & State \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Country 8. This corporation has liability for intangible tax under s. 199.032, Zin Yes No 30 Florida Statutes 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KOEGLER, STEVEN C 10151 DEERWOOD PARK BLVD 82 Street Address (P.O. Box Number is Not Acceptable) BLDG 100 SUITE 200 83 JACKSONVILLE FL 32256 Zip Code 84 City 85 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 Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) Stipply verifyed or pointed name of regulative agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TELF SCHOONMAKER, VAN E. 1.2 NAME NAME 2204 ATLANTIC BLVD 1.3 STREET ADDRESS STREET ACCRESS JACKSONVILLE FL 1.4 CITY-ST-ZIP City-St-ZP Addition DELETE Change 21 TITLE THILE STD SCHOONMAKER, CHERYL T. 22 NAME NAME 2204 ATLANTIC BLVD 2.3 STREET ADDRESS SUBSET ADDRESS JACKSONVILLE FL 2. 4 CITY+ST-ZIP CHY-S1-26 Change Addition DELETE 3.1 TITLE 1-114 3.2 NAME NAME 3.3 STREET ADDRESS STREET LADIORESS 3.4. CITY - ST - ZIP 3HY-51-7₫ Change Addition DELETE 4.1 TITLE BILL 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY+ST-ZIP CHY-ST-ZP Addition Change DELETE 51 TITLE III. F 5.2 NAME NAMi STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - \$1 - 7(P Change Addition DELETE 6.1 TITLE THEF 6.2 NAME NAM: STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 0-11-S1-2IP 14. Los 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 of Supplier ental 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 of oinector of the corporation or the occurrence of the corporation or the occurrence of the corporation of the corporation of the original statutes. I for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of the corporation of the co

CHERYLI TI SCHOONMAKER, SEC/TREAS