FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
APR
1995

SEC'Y OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J59595** **(5)**

1. Current Name
PIERSON AUTO BODY, INC.

Principal Place of Business
% NESTOR LYS
280 S. CENTER STREET
PIERSON FL 32180-2376

Mailing Address
% NESTOR LYS
280 S. CENTER STREET
PIERSON FL 32180-2376

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/02/1987**
3a. Date of Last Report: **08/12/1994**

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: **59-2876546** ☐ Applied For ☐ Not Applicable

State Apt. # or
22

State Apt. # or
27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip
24

County
25

Zip
29

County
30

8. The corporation has liability for amounts due under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LYS, NESTOR **280 S. CENTER STREET** **PIERSON FL**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.1007 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 (if changing registered agent, registered agent must sign) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	LYS, NESTOR	12 NAME	
STREET ADDRESS	280 S. CENTER STREET	13 STREET ADDRESS	
CITY-ST-ZIP	PIERSON FL	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	LYS, ROMAN	22 NAME	
STREET ADDRESS	280 S. CENTER STREET	23 STREET ADDRESS	
CITY-ST-ZIP	PIERSON FL	24 CITY-ST-ZIP	
TITLE	DT	31 TITLE	☐ Change ☐ Addition
NAME	LYS, SOWA	32 NAME	
STREET ADDRESS	280 S. CENTER STREET	33 STREET ADDRESS	
CITY-ST-ZIP	PIERSON FL	34 CITY-ST-ZIP	
TITLE	DS	41 TITLE	☐ Change ☐ Addition
NAME	LYS, MARIA	42 NAME	
STREET ADDRESS	280 S. CENTER STREET	43 STREET ADDRESS	
CITY-ST-ZIP	PIERSON FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/We 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)(i), Florida Statutes. I further certify that the information indicated on this 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 above, or on an attachment with an address.

SIGNATURE: [signature] 4/25/95 904-749-4141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0404650 FP