

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 09, 1999 8:00 am
Secretary of State

08-09-1999 90010 030 ***150.00

DOCUMENT # J80404

1. Corporation Name

MASTER TOUCH AUTO BODY, INC.

Principal Place of Business

**1508 VISCAYA PARKWAY
CAPE CORAL FL 33990**

Mailing Address

**1508 VISCAYA PARKWAY
CAPE CORAL FL 33990**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1987

4. FEI Number

59-2846021

Applied For

Not Applicable

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**JOHNSTON, JAMES C.
FORUM STE C2
1705 COLONIAL BLVD.
FORT MYERS FL 33907**

10. Name and Address of New Registered Agent

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 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **MUCHMORE, JOSEPH E.**

STREET ADDRESS **4232 ERINDALE DR**

CITY-ST-ZIP **N. FORT MYERS FL**

TITLE **ST** ☐ DELETE

NAME **MUCHMORE, CHARLOTTE L.**

STREET ADDRESS **4232 ERINDALE DR**

CITY-ST-ZIP **N. FORT MYERS FL**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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.

SIGNATURE: JOSEPH E. MUCHMORE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

580404
603007-9000-3

Kevin M. Burns & Associates, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

2804 Del Prado Blvd., Suite 109
Cape Coral, FL 33904
Telephone (941) 542-1976 * Fax (941) 542-1815

August 4, 1999

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Master Touch Auto Body, Inc.
FEI# 59-2846021

Dear Sir or Madam:

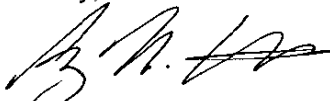
I am writing on behalf of the above-referenced taxpayer in response to the attached tax notice. While the taxpayer fully agrees that he did not submit a corporate annual report by May 1, 1999, he has asked that you provide an opportunity to consider the circumstances surrounding his situation.

According to the taxpayer, the corporation did not receive a corporate annual report filing form. When the second notice was received, Mr. Muchmore was very distressed. As a small business owner, he makes every effort to comply with all applicable filing requirements. As your records will indicate, he has promptly submitted all other state tax returns and business filings.

In light of the above circumstances, I feel that it would be unjust and unfair to require Mr. Muchmore to pay the additional filing fee. With this letter, he is submitting \$150, the full amount due for the annual report fee and corporate supplemental fee, along with a request for a waiver of the late fee.

Thank you very much for your assistance in this matter. I look forward to your response and trust that this matter will be resolved to the satisfaction of all parties involved.

Sincerely,



Anthony M. Constantino

Enclosure