| | PROFIT | ING FEE AFTE | FLORIDA DEPAR | RTMENT OF STATE | Feb 06 1 | ILED 997 8:0 |)0am |
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| | JAL REPORT | | • | I. Mortham ry of State | | | |
| <u> 1997 </u> | | | DIVISION OF (| CORPORATIONS | Secretary of State | | |
| | MENT # JS | 98639 | (4) | | | | |
| | E & SON BODY | shop, inc. | | | | | |
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| Principal Place | | | ling Address | | | ONATH ONATE CHART AND I AND I AND I A | |
| % Lindà S. RK 425 coleman Titusville fl | ST. | 425 | INDA S. RICE COLEMAN ST. ISVILLE FL 32796-2878 | 1 | 3. Date Incorporated or Qualified | 3a. Date of Last Re | port |
| 2 Principal P | lace of Business | 2. | Mailing Address | | 10/19/1987 4. FEI Number | 04/17/1996 | blied For |
| 1 | | 26 | | | 59-2860253 | Not | Applicable |
| Suite, Apt | #, elc. | 27 | Suite, Apt. #, etc. | | 6. Certificate of Status Desired | \$8.75 A Fee Rec | |
| City & State | c | | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 I | |
| Zip | Coun | try | Zip | Country | 8. This corporation has liability for in | ntangible tax under s. | |
| :4] | 25 9. Name and Add | 29 ress of Current Register | ered Agent | 30 | Florida Statutes | Yes No | |
| | e, linda s. | | | 81 Name | ······································ | <u> </u> | |
| | Coleman ave. Isville FL 32796 | | | 82 Street Add | ress (P.O. Box Number is Not Acceptable | le) | |
| | | | | 83 | · · · · · · · · · · · · · · · · · · · | | |
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| | | | | 84 City | | FL 85 Zip C | ode |
| offico or r | ranistailard agent or ha | the in the State of Florids | Such change was: | es, the above-named cor | poration submits this statement for the p tion's board of directors. I hereby accep | urpose of changing its | registered |
| offico or r | registered agent, or bo im familiar with, and ac | th, in the State of Florida cept the obligations of, | a. Such change was Section 607.0505, Fl | es, the above-named cor authorized by the corpora orida Statutes. | ition's board of directors. I hereby accep | FL. urpose of changing its the appointment as r | registered |
| office or r agent. I a SIGNATURE | registered agent, or bo im familiar with, and ac Signature typed or printed na | the in the State of Florids | a. Such change was Section 607.0505, Fi applicable (NOT | es, the above-named cor | ition's board of directors. I hereby accep | FL purpose of changing its the appointment as r | registered egistered |
| office or r agent. I a SIGNATURE 12. TILE | registered agent, or bo im familiar with, and ac Signature typed or printed as | th, in the State of Florida copt the obligations of, ne of repserred agent and lide if | a. Such change was Section 607.0505, Fi applicable (NOT | es, the above-named cor authorized by the corpora orida Statutes. E Registered Agent signature requi 13. 1.1 TITLE | ition's board of directors. I hereby accep | FL purpose of changing its the appointment as r | s registered egistered S IN 12 |
| office or r agent. I a SIGNATURE 12. Title NAME | registered agent, or bo im familiar with, and ac Signature typed or painted aa | th, in the State of Florida cept the obligations of, ne of reposered agent and life if OFFICERS AND DIRECT | a. Such change was Soction 607.0505, Fi applicable (NOT TORS | es, the above-named cor authorized by the corpora orida Statutes. E Registered Agent signature required 13. | ition's board of directors. I hereby accep | DATE | s registered egistered S IN 12 |
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