

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # J99302

(8)

1. Corporation Name

BONITA COLLISION CENTER, INC.

FILED
95 AUG -7 AM 11:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

16301 OLD US 41
P.O. BOX 2551
BONITA SPRINGS FL 33959-2551

Mailing Address

16301 OLD US 41
P.O. BOX 2551
BONITA SPRINGS FL 33959-2551

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/23/1987

3a. Date of Last Report

04/08/1994

4. FEI Number

65-0008357

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

g. This corporation has liability for intangible tax under s. 193.012

Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

MARQUIS, RICHARD D.
16301 OLD US 41
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name

MARQUES, RICHARD D.

82 Street Address (P.O. Box Number is Not Acceptable)

83

26591 BONITA GRANDE

84

BONITA SPRINGS FL

85

Zip Code

33923

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

David E. Woodcock

(NOTE: Registered Agent signature required when resigning)

7/31/95

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
MARQUIS, RICHARD D.
3890 ALOHA LANE
BONITA SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
WOODCOCK, DAVID E.
27201 ESTHER DR.
BONITA SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition
RICHARD D. MARQUES
26591 BONITA GRANDE
BONITA SPRINGS FL 33923

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition
DAVID E. WOODCOCK
25295 LYLE DR
BONITA SPRINGS FL 33923

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - 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 110.07(3)(k), 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:

David E. Woodcock

DAVID E. WOODCOCK

(Date)

7/31/95

(Signature Printed)

813-566-3808

CR2E034 (395)