

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # K05378

(0)

1. Corporation Name

AUTO BODY EXPRESS, INC.



Principal Place of Business

12427 N FLORIDA AVE  
101 EAST KENNEDY BLVD., STE 1240  
TAMPA FL 33612  
US

Mailing Address

C/O A. CHRISTOPHER KASTEN, II  
101 EAST KENNEDY BLVD., STE 1240  
TAMPA FL 33602

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

12/04/1987

3a. Date of Last Report

04/17/1995

4. FEI Number

59-2868767

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KASTEN, A. CHRISTOPHER, II  
101 EAST KENNEDY BLVD.  
SUITE 1240  
TAMPA FL 33602

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]*

*[Signature]*

4/17/96

(Signature, typed or printed name of registered agent and state if applicable)

(Typed Name, Registered Agent Signature Required when registering)

(Date)

12. OFFICERS AND DIRECTORS

TITLE PST  
NAME WATSON, ROBERT E.  
STREET ADDRESS 12427 NORTH FLORIDA AVE  
CITY- ST- ZIP TAMPA FL

☐ DELETE

TITLE V  
NAME WATSON, KATHLEEN M.  
STREET ADDRESS 12427 NORTH FLORIDA AVE  
CITY- ST- ZIP TAMPA FL

☐ DELETE

TITLE D  
NAME WATSON, ROBERT, E.  
STREET ADDRESS 12427 NORTH FLORIDA AVE  
CITY- ST- ZIP TAMPA FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 119.07(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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96

Date

813-932-3093

Daytime Phone

CR2E034 (12/95)