

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

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

C/O A. CHRISTOPHER KASTEN, II
101 EAST KENNEDY BLVD., STE 1240
TAMPA FL 33602-5839



3. Date Incorporated or Qualified

12/04/1987

3a. Date of Last Report

04/23/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 is typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE V ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

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

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I do 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/97

Date

813 932-3093

Daytime Phone #

CR2E034 (9/96)