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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K20568

(7)

Mailing Address

JACK & SON AUTO BODY, INC.

FILED	
May 16 1997 8:00an	n
Secretary of State	

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326 8 "H" ST LAKE WORTH FL 33460		326 S "H" ST LAKE WORTH FL 33460-4435					
•					3. Date Incorporated or Qualified 04/07/1988	3a. Date of La 09/20/199	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	1	Applied For
21		26	├─¬		65-0126572	Not Applicable	
Sulte Apt.	#, etc.	Suile, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	······································		□ \$8.7	5 Additional
22		27	27		5. Certificate of Status Desired Fee Required		
	9	City & State	• :	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5.	00 May Be
23		28			Trust Fund Contribution		led to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for i	ntangible tax und	er s. 199.032,
24	25		30]Yes ☐ No	
	9. Name and Address of Cu	urrent Registered Agent			10. Name and Address of New Re	gistered Agent	
	BERTS, JACK D.		:	81 Name			1
	5 MEE CT		1	82 Street Ad	Idress (P.O. Box Number is Not Acceptab	le)	
LAK	E Worth FL 33461		1				j
				83			
				84 City		los	Zip Code
				City		FL 85 3	zip Code
11. Pursuant office or re	to the provisions of Sections 607 egistered agent, or both, in the	7.0502 and 607.1508, Florida Statute State of Florida. Such change was au	s, the at	ove-named co by the corpor	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of changing the appointment	ng its registered t as registered
	ті татішаг міті, апо ассері те і	ubligations of, Section 607.0505, Plot	ida Siai	utes.			
SIGNATURE	Signature, typod or printed name of register	ed agent and title if applicable (NOT)	Registered	Agent signature red	guired when reinstating)	DATE	
12.	OFFICERS	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12
TITLE	DP	☐ DELETE	11111	LE		☐ Char	ige Addition
NAME	ROBERTS, JACK D.		1.2 NA	ME			
STREET ADDRESS	4845 MEE CT		1 3 ST	REFT ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL		14 CT	TY-ST-ZIP			
TITLE	D	DELETE	2 111			Char	ige Addition
NAME	ROBERTS, DAVID L		22 NA	IME			
STREET ADDRESS	4645 MEE CT		2 3 ST	HEET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL		2 N C	ITY-ST-ZIP			
TITLE		DELETE	3 1 117			☐ Char	nge Addition
NAME			3 2 NA	ME			
STREET ADDRESS			3 3 ST	REET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP			
TITLE		☐ DELETE	4 1 111			Char	nge Addition
NAME			4.2 N	AME			
STREET ADDRESS			4 3 ST	REET ADDRESS			
CITY-ST-ZIP			4 4 CI	TY-ST-ZIP			
TITLE		DELETE	5 1 117			☐ Char	nge Addition
NAME			5 2 NA				' "
STREET ADDRESS			1	REET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP			
TITLE		☐ DELETE	61111			☐ Char	ige Addition
NAME			6.2 NA				
STREET ADDRESS				REFT ADDRESS			1
CITY-ST-ZIP				IY-SI-ZIP			
UIII-OI-EIF			040	11-51-211		· · · · · · · · · · · · · · · · · · ·	

4. 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.