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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

ECONO AUTO PAINTING OF COCOA, INC.

## **FILED** Feb 05 1998 8:00am Secretary of State



| Principal Plac                                  | ce of Business   | Mailing Address   |                         |                             |   |                                       |                             |                   |  |
|---|--|---|-------------------------|-----------------------------|---|---------------------------------------|-----------------------------|-------------------|--|
| 1445 WEST 1                                     | KING ST  | 405 N. MILITARY TRAIL   |                         |                             |   |                                       |                             |                   |  |
| GOCOA FL 32922                                  |  | WEST PALM BEACH FL 33415-9121   |                         |                             |   |                                       |                             |                   |  |
| US  |  |   |                         |                             |   | DO NOT WRITE IN THIS SPACE            |                             |                   |  |
|   |  |   |                         |                             | 3. Date incorporated or C   | ualified                              |                             |                   |  |
| Principal Place of Business 2a. Mailing Address |  |   |                         |                             | 11/16/1988<br>4. FE! Number   |                                       | 1 17                        |                   |  |
| 21  | taca or bodinoso   | 26  |                         |                             | 59-2916438  |                                       | <del></del>                 | oplied For        |  |
| Suite, Apt. #, etc.                             |  | Suite, Apt. #, etc.   |                         | 39-29 10436                 |   |                                       | ot Applicable<br>Additional |                   |  |
| 22  |  | 27  |                         | 5. Certificate of Status De | sired 🔲   |                                       | Additional<br>equired       |                   |  |
| City & State                                    |  | City & State  |                         | 6. Election Campaign Fina   | encing  |                                       | <del></del>                 |                   |  |
| 23  |  | 28  |                         |                             | Trust Fund Contribution   |                                       |                             | May Be<br>to Fees |  |
| Zip   | Country  | Zip   | Countr                  | ry                          | 8. This corporation owes of   |                                       |                             |                   |  |
| 24  | 25   | 29 3  | 0                       |                             | Personal Property Tax of  |                                       |                             | □ No              |  |
|   | <ol><li>Name and Address of Curren</li></ol>                                   | t Registered Agent  |                         |                             | 10. Name and Address of   |                                       |                             |                   |  |
| AK  | SOMITAS, W WARD  |   | 81                      | 1 Nai                       | me  |                                       |                             |                   |  |
|   | 85 FOREST HILL BLVD  |   | 82                      | 2 Stre                      | eet Address (P.O. Box Number is Not A   | \acantable\                           |                             |                   |  |
| ST  | E 206  |   | 102                     | E Gale                      | set Address (F.O. Box Nothbell is Not A   | roceptable)                           |                             |                   |  |
| W   | PALM BCH FL 33413  |   | 83                      | 3                           | · · · · · · · · · · · · · · · · · · ·   | · · · · · · · · · · · · · · · · · · · |                             |                   |  |
|   |  |   | _                       |                             |   |                                       |                             |                   |  |
|   |  |   | 84                      | City                        | <i>t</i>  | FI <sup> 8</sup>                      | 5 Zip                       | Code              |  |
| 11. Pursuant                                    | to the provisions of Sections 607.0502   | 2 and 607.1508, Florida Statutes                                      | , the abov              | ve-nan                      | ned corporation submits this statement  | for the purpose of cha                | anging i                    | ts registered     |  |
| office or r                                     | egistered agent, or both, in the State in familiar with land accept the oblina | of Florida. Such change was aut<br>itions of Section 607,0505. Florid | thorized b              | by the o                    | ned corporation submits this statement corporation's board of directors. I here | by accept the appoint                 | ment as                     | registered        |  |
| SIGNATURE                                       |  |   | ou olului               |                             |   |                                       |                             |                   |  |
| SIGNATURE                                       | Signature typed or printed name of registered agen                             | nt and litte if applicable (NOTE, F                                   | Registered Ag           | ent sign:                   | sture required when reinstating)  | DATE                                  |                             |                   |  |
| 12.   | OFFICERS AND   |   | 13.                     |                             | ADDITIONS/CHANGES T   | O OFFICERS AND DI                     | RECTOR                      | RS IN 12          |  |
| TITLE   | VD   | ☐ DELETE  | 1.1 TITLE               |                             |   |                                       | Change                      | Addition          |  |
| NAME  | Watson, Bruce  |   | 1.2 NAME                |                             |   |                                       |                             |                   |  |
| STREET ADORESS                                  | 405 N MILITARY TRAIL   |   | 1.3 STREE               | T ADDRE                     | ss  |                                       |                             |                   |  |
| CITY-ST-ZIP                                     | WEST PALM BEACH FL   |   | 1.4 CITY -              | ST-ZIP                      | 4   |                                       |                             |                   |  |
| TITLE   | DV   | CELETE 2.1 T  |                         |                             |   |                                       | Change                      | Addition          |  |
| NAME  | Watson, David  |   | 2.2 NAME                |                             |   |                                       |                             |                   |  |
| STREET ADDRESS                                  | 405 N MILITARY TRAIL   |   | 2,3 STREE               | T ADDRE                     | ss  |                                       |                             |                   |  |
| CITY-ST-ZIP                                     | WEST PALM BEACH FL   |   | 2. 4 CITY-              | ST-ZIP                      |   |                                       |                             | Į                 |  |
| TITLE   | SD   | DELETE 3.1 TI   |                         |                             |   |                                       | Change                      | Addition          |  |
| NAME  | MORRIS, CAROLYN  |   | 3.2 NAME                |                             |   |                                       | Ū                           |                   |  |
| STREET ADDRESS                                  | 405 N MILITARY TRAIL   |   | 3.3 STREE               |                             | ss  |                                       |                             |                   |  |
| CITY-ST-ZIP                                     | WEST PALM BEACH FL   |   | 3.4. CITY-              |                             |   |                                       |                             | ļ                 |  |
| TITLE   | AST  | DELETE  | 4.1 TITLE               |                             |   | П                                     | Change                      | Addition          |  |
| NAME  | ROONEY, GARY W   | _   | 4. 2 NAME               |                             |   | _                                     |                             |                   |  |
| STREET ADDRESS                                  | 405 NO MILITARY TRAIL  | j   | 4.3 STREET              |                             | 39  |                                       |                             |                   |  |
| CITY-ST-ZIP                                     | WST PALM BEACH FL  |   | 4.4 CITY - 9            |                             | ~   |                                       |                             |                   |  |
| TITLE   | PD   | DELETE  | 5.1 TITLE               | - 1-4-1-                    |   | П                                     | Change                      | Addition          |  |
| NAME  | CORBIN, DENNIS   |   | 5.2 NAME                |                             |   | 3                                     |                             |                   |  |
| STREET ADDRESS                                  | 590 VENETIAN WAY   |   | 5.3 STREET              | T ADDDE                     | ee  |                                       |                             |                   |  |
| CITY-ST-ZIP                                     | MERRITT ISLD FL  |   |                         |                             | oo  |                                       |                             |                   |  |
| TITLE   | MENTINE INDIVIL  | DELETE  | 5.4 CITY-S<br>6.1 TITLE | 31 - CIP                    |   |                                       | Change                      | Addition          |  |
| NAME  |  |   |                         |                             |   | السا                                  | onange                      |                   |  |
| Į.  |  |   | 6.2 NAME                |                             |   |                                       |                             | į                 |  |
| STREET ADDRESS                                  |  |   | 6.3 STREET              |                             | S   |                                       |                             |                   |  |
| CITY-ST-ZIP                                     |  |   | 6.4 CITY - S            | ST - ZIP                    | i   |                                       |                             | Į                 |  |

I 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.