

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$226 (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
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 JUN 15 1995

DOCUMENT # K88569 (4)

1. Corporation Name

D & G COLLISION, INC.

Principal Place of Business

**C/O EUGENE C. GAJEWSKI
 6569 54TH AVENUE NORTH
 ST. PETERSBURG FL 33709**

Mailing Address

**C/O EUGENE C. GAJEWSKI
 6569 54TH AVENUE NORTH
 ST. PETERSBURG FL 33709**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/16/1989	3a. Date of Last Report 04/14/1994
4. FEI Number 59-2943970	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	

2. Principal Place of Business	2a. Mailing Address
21 ☐	26 ☐
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 ☐	27 ☐
City & State	City & State
23 ☐	28 ☐
Zip	Zip
24 ☐	29 ☐
Country	Country
25 ☐	30 ☐

9. Name and Address of Current Registered Agent

**GAJEWSKI, EUGENE C.
 6569 54TH AVENUE NORTH
 ST. PETERSBURG FL 33709**

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 typed or printed name of registered agent and title of registration

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	2. NAME	
CITY ST ZIP		3. STREET ADDRESS	
		4. CITY ST ZIP	
TITLE	NAME	21. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	22. NAME	
CITY ST ZIP		23. STREET ADDRESS	
		24. CITY ST ZIP	
TITLE	NAME	31. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	32. NAME	
CITY ST ZIP		33. STREET ADDRESS	
		34. CITY ST ZIP	
TITLE	NAME	41. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	42. NAME	
CITY ST ZIP		43. STREET ADDRESS	
		44. CITY ST ZIP	
TITLE	NAME	51. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	52. NAME	
CITY ST ZIP		53. STREET ADDRESS	
		54. CITY ST ZIP	
TITLE	NAME	61. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	62. NAME	
CITY ST ZIP		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 119.07(3)(b), 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 registered agent authorized 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: *Ronald Johnson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-95

813 544 5201

CR2E034 (3/95)