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 # **K89482** **(9)**

1. Corporation Name
DUVAL AUTO PAINT & BUMPER, INC.

Principal Place of Business
2050 FOREST STREET
JACKSONVILLE FL 32204

Mailing Address
2050 FOREST STREET
JACKSONVILLE FL 32204

3. Date Incorporated or Qualified: **05/19/1989**
3a. Date of Last Report: **03/23/1995**

4. FEI Number: **58-1237758** ☐ 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
21 | 22 Street Address, Apt. #, etc. | 23 City & State | 24 Zip | 25 Country

2a. Mailing Address
26 | 27 Street Address, Apt. #, etc. | 28 City & State | 29 Zip | 30 Country

9. Name and Address of Current Registered Agent

WALKER, JAMES V.
4655 SALISBURY ROAD
SUITE 390
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 10151 DEERWOOD PARK BLVD.
83: BUILDING 100, SUITE 200
84 City: JACKSONVILLE **FL** 85 Zip Code: 32256

11. Pursuant to the provisions of Section 607.1005, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

P
WELSMAN, KATHY D
1103 EXECUTIVE COVE RD.
JACKSONVILLE FL 32259

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is true, complete and 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 added above.

SIGNATURE: Kathy D. Welsman KATHY D. WELSMAN P 1-30-96 1-904-354-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)