

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
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**

2. Principal Place of Business
21 State: **FL**
22 City & State
23 Zip: **32204** Country: **USA**
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3. Date incorporated or Qualified **05/19/1989** 3a. Date of Last Filing **03/23/1995**
4. FBT 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

9. Name and Address of Current Registered Agent

**WALKER, JAMES V.
4655 SALIBURY 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 Sections 607.01(2) and 607.15(5), 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 hereby withdrawing and accept the obligations of Section 607.01(5), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS
1. NAME **P WELSMAN, KATHY D**
2. STREET ADDRESS **1103 EXECUTIVE COVE RD.**
3. CITY, STATE, ZIP **JACKSONVILLE FL 32259**
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME ☐ Change ☐ Addition
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14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), 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 on Block 12 or Block 13 of changes to officers and directors with an address.

SIGNATURE: **Kathy D. Welsman** **KATHY D. WELSMAN** 1-30-96 1-904-354-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)