1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **L62026**

1. Corporation Name

EMERALD COAST COLLISION REPAIR, INC.

Principal Place of Business	Mailing Address
16 INDUSTRIAL ST., UNIT B	16 INDUSTRIAL ST., UNIT-B
FT WALTON BEACH FL 32548	FT WALTON BEACH FL 32548

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90088 046 ***150.00



Principal Place		Mailing Address 16 INDUSTRIAL ST., UNIT-8						
FT WALTON BE		FT WALTON BEACH FL 3254	8		DO NOT WE		DACE	
					3. Date incorporated or Qualifed	E IN THIS S	PACE	
					03/23/1990			
2. Principal Pl	lace of Business	2a. Mailing Address	1		4. FEI Number		App	lied For
21 16 Inc	dustrial St.	26 16 Industr	ial St	ī	59-2999057		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A	
22		27		<u>.</u>	3. Certificate of Status Desired		Fee Rec	quired
City & Stati		City & State	172	h FL	6. Election Campaign Financing		\$5.00	
23 Ft. Wa		28 Ft. Walton	Beac	. 1 1	Trade of the deliant		Added to	Fees
Zip	Country	Zip	Country	•	8. This corporation owes the curr			ا ا
24 3254°			10		Personal Property Tax.			□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New F	legistered A	gent	
DUE	F, LYNDON LLOYD		81	Name				İ
	OURTH AVE #119		82	Street Add	dress (P.O. Box Number is Not Accepta	ible)		
	LIMAR FL 32579		L.					
STIAL	LIMIAN FE 323/9		83	1		•		
			84	City		FL	85 Zip C	ode
_ office or re	to the provisions of Sections 607.050; egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was aut	, the above	e-named con the corporat	poration submits this statement for the tion's board of directors. I hereby accept	FL purpose of ch	nanging its r	registered
office or re agent. I a	egistered agent, or both, in the State :	of Florida, Such change was aut tions of, Section 607,0505, Florid	, the above horized by da Statutes	e-named con the corporat	tion's board of directors. I hereby accep	purpose of characteristics of the appointment	nanging its r	registered
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6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 effect 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, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

☐ DELETE

Change

☐ Change

Addition

Addition