

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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

02-22-1999 90088 046 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L62026

1. Corporation Name
EMERALD COAST COLLISION REPAIR, INC.

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

Mailing Address
**16 INDUSTRIAL ST., UNIT B
FT WALTON BEACH FL 32548**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 16 Industrial St.		2a. Mailing Address 26 16 Industrial St.		3. Date Incorporated or Qualified 03/23/1990	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2999057	
City & State 23 Ft. Walton Beh FL		City & State 28 Ft. Walton Beach FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32548		Zip 29 32548		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**POFF, LYNDON LLOYD
99 FOURTH AVE #119
SHALIMAR FL 32579**

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P, D, C, S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POFF, LYNDON LLOYD	1.2 NAME	Poff, Lyndon Lloyd
STREET ADDRESS	99 FOURTH AVE #119	1.3 STREET ADDRESS	99 Fourth Ave #119
CITY-ST-ZIP	SHALIMAR FL	1.4 CITY-ST-ZIP	SHALIMAR FL 32579
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Diane Poff
STREET ADDRESS		2.3 STREET ADDRESS	99 Fourth Ave, #119
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Shalimar, FL 32579
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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, with or other like empowered.

SIGNATURE:

ATTEST REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-99 850-664-3762

Date

Daytime Phone #

CR2E034 (11/98)