

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L78437** (5)

1. Corporation Name

TOM'S MOBILE BODY & PAINTING, INC.



Principal Place of Business

Mailing Address

**4707 N. GRADY AVE.
TAMPA FL 33416**

**4707 N. GRADY AVE.
TAMPA FL 33416**

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

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/04/1990

3a. Date of Last Report

08/08/1995

4. FEI Number

59-3047730

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

10. Name and Address of New Registered Agent

**RENTA, THOMAS M.
4707 N. GRADY AVE.,
TAMPA FL 33614**

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 of the person who is authorized to sign this statement on behalf of the corporation (Print Name, Title, and Address of the person who is authorized to sign this statement on behalf of the corporation)

Date

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **RENTA, THOMAS**
STREET ADDRESS **4707 N. GRADY AVE.**
CITY - ST - ZIP **TAMPA FL**

TITLE **V** ☐ DELETE

NAME **RENTA, ANITA**
STREET ADDRESS **4707 N. GRADY AVE.**
CITY - ST - ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

SIGNATURE:

Thomas M. Renta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/96 *8138724522*
Date Printed Name

CR2E034 (3/96)