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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 10:27

DOCUMENT # L78627 (1)

1. Corporation Name
PRECISION COLLISION PAINT & BODY, INC.

Principal Place of Business	Mailing Address
% FRANK PUETT 1318 OHIO AVE LYNN HAVEN FL 32444	% FRANK PUETT 1319 OHIO AVE LYNN HAVEN FL 32444

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/07/1990
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-3025242 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

PUETT, FRANK
1318 OHIO AVE
LYNN HAVEN FL 32444

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	PUETT, FRANK	1.2 NAME	
STREET ADDRESS	1318 OHIO AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	PUETT, LINDA ANN	2.2 NAME	
STREET ADDRESS	1318 OHIO AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	PUETT, SHANNON	3.2 NAME	
STREET ADDRESS	1318 OHIO AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	~~VD~~ XX Change ☐ Addition
NAME	PUETT, MICAH	4.2 NAME	~~Puett, Micah~~
STREET ADDRESS	1318 OHIO AVE	4.3 STREET ADDRESS	~~1318 Ohio Ave~~
CITY-ST-ZIP	LYNN HAVEN FL	4.4 CITY-ST-ZIP	~~Lynn Haven FL~~
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BLEDSOE, JIM	5.2 NAME	
STREET ADDRESS	7321 SUNSET	5.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank A. Puett FRANK A. PUETT 3-15-95 904-266-[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0032115 CP