FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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 1318 OHIO AVE LYNN HAVEN FL 32444

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **06/07/1990**

3a. Date of Last Report: **03/17/1995**

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

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 607.1505, 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	* 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	☐ DELETE	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	☒ DELETE	3.1 TITLE	VD	☐ Change ☒ Addition
NAME	PUETT, SHANNON		3.2 NAME	Puett, David A	
STREET ADDRESS	1318 OHIO AVE		3.3 STREET ADDRESS	1318 Ohio Ave	
CITY-ST-ZIP	LYNN HAVEN FL		3.4 CITY-ST-ZIP	Lynn Haven FL	
TITLE	VD	☒ DELETE	4.1 TITLE	VD	☐ Change ☒ Addition
NAME	PUETT, MICAH		4.2 NAME	Puett, Frankie	
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	☒ DELETE	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		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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.

SIGNATURE: Frank A. Puett FRANK A. PUETT 4-29-96 904-265-8352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #