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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L99321

AUTO BODY REBUILDERS, INC.

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90022 042 ***150.00



Principal Place of Business Mailing Address						-{			
151 LAKE AVENUE MAITLAND FL 32751		151 LAKE AVENUE]			
		MAITLAND FL 32751				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified	JFACE		
						09/10/1990			
0 Data 1: 41 D	In a of Displace	2a. Mailing Address				4. FEI Number	TAC	plied For	
2. Principal P	├ ─ ┐	alling Address			59-3027050	<u> </u>	ot Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.					Additional	
22		27	¬ '''			5. Certificate of Status Desired	Fee Re	equired	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
		28	8			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Inter-			
24	25	29 3	30			Personal Property Tax.	∐Yes	□No	
	9. Name and Address of Currer	nt Registered Agent		241	<u> </u>	10. Name and Address of New Registered	Agent		
DADTION MAIDO O				81 Name					
Partlow, James O. 151 Lake Avenue			İ	82 Street Address (P.O. Box Number is Not Acceptable)					
	LAND FL 32751)	-					
MAII	PLAND PL 32/31			83					
)	84	City	深层层的图图图图图图图图	85 Zip	Code	
11 Purcuant	to the provisions of Sections 607 050	2 and 607.1508. Florida Statutes	s. the ab	l_	named corpo	pration submits this statement for the purpose of	changing its	registered	
office or t	edistered agent or both in the State	of Florida. Such change was aut	thonzed	by th	e corporation	n's board of directors. I hereby accept the appoin	ntment as re	egistered	
agent. I a	m familiar with, and accept the obliga	liions of, Section 607,0303, Florid	Ja State	ites.				Ì	
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable (NOTE: F	Registered	Agent s	ignature required	when reinstating) DATE			
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	PD	☐ DELETE 1.1 T		LE		irector	Change	Addition	
NAME	PARTLOW, JAMES O.	ES O. 1.2 N		ME		Partlow, James O.			
STREET ADDRESS	1305 GREEN COVE ROAD 135		1.3 ST	REET A	1	1305 Green Cove Road		Ì	
CITY-ST-ZIP	WINTER PARK FL 14.0		1.4 CIT	Y-ST-Z	ZIP W	Winter Park, FL			
TITLE			2.1 TIT	LE	D.	Director,		☐ Addition	
NAME	PARTLOW, BONNIE J. 1305 GREEN COVE ROAD 221		2.2 NA	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		artlow, Bonnie J.		ł	
STREET ADDRESS			2.3 ST			305 Green Cove Rd. Inter Park, FL		\.	
CITY-\$T-ZIP			2. 4 CI					FF Addition	
TITLE	. 321		3.1 TIT	02.00		resident & Director Lackwell, Edward David	Change	Addition Addition	
NAME			32 NA			592 Pinehurst Circle		}	
STREET ADDRESS	3.3		3.3 ST	3.3 STREET ADURESS				Ţ	
CITY-ST-ZIP				TY-ST-	ZIP C	asselberry, FL	E3 Change	- Addition	
TITLE		☐ DELETE	4.1 TIT		S	ecretary, Treasurer, Direction LU	tor"	Addition	
NAME			4. 2 N		1	FO2 Disabusest Gis-1a			
STREET ADDRESS						592 Pinehurst Circle		ĺ	
CITY-ST-ZIP			_	TY-\$T-	ZIP C	asselberry, FL	☐ Change	Addition	
TITLE		☐ DELETE	5.1 TII		ĺ			C , reducer }	
NAME			5.2 NA		DORESS				
STREET ADDRESS					- 1			}	
CITY-ST-ZIP		□ percre	5.4 CH	TY-ST-	UF		☐ Change	Addition	
TITLE	}	☐ DELETE	6.1 MA				□ -,30	· · · · · · · · · · · · · · · ·	
NAME					DDRESS			1	
STREET ADDRESS				TY-ST-2)	
OUTS! OF TIE	b .	•	■ U.4 UI		<u>)</u>				

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 suppliemental 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 all priner like empowered.

SIGNATURE: