

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 # M64747 (2)

1. Corporation Name

PRO AUTO BODY & PAINT, INC.



Principal Place of Business

10298 BEACH BLVD.
JACKSONVILLE FL 32240-4712

Mailing Address

10298 BEACH BLVD.
JACKSONVILLE FL 32240-4712

2. Principal Place of Business

21 10230 BEACH BLVD

Suite, Apt. #, etc.

22

City & State

23 JACKSONVILLE FL

Zip

24 32246

Country

25 DUVAL

2a. Mailing Address

26 10230 BEACH BLVD

Suite, Apt. #, etc.

27

City & State

28 JACKSONVILLE FL

Zip

29 32246

Country

30 DUVAL

3. Date Incorporated or Qualified
01/13/1988

3a. Date of Last Report
08/28/1995

4. FEI Number

59-2866494

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

JACKSON, JAMES P.
10268 BEACH BLVD.
JACKSONVILLE FL 32246-4712

10. Name and Address of New Registered Agent

81 Name

JACKSON JAMES P.

82 Street Address (P.O. Box Number is Not Acceptable)

10230 BEACH BLVD

83

JACKSONVILLE FL 32246

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 for state of)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME JACKSON, JAMES P
STREET ADDRESS 10298 BEACH BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32240-4712

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME JACKSON, JAMES P.
1.3 STREET ADDRESS 10230 BEACH BLVD
1.4 CITY-ST-ZIP JACKSONVILLE FL 32246

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 14 96

DATE

CR2E034 (12/95)