

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 # M76912 (8)

1. Corporation Name

PREMIUM AUTOMOTIVE PAINTS SUPPLIES, INC.



Principal Place of Business

Mailing Address

% MARY L. COLLUM
~~4920 RICHBRIAR DR.~~
MILTON FL 32570

% MARY L. COLLUM
~~4920 RICHBRIAR DR.~~
MILTON FL 32570

3. Date Incorporated or Qualified

04/18/1988

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 5833 STEWART ST.

26 5833 STEWART ST.

4. FET Number

59-2881793

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

City & State

MILTON, FL

City & State

MILTON, FL

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

Zip

32570

Country

USA

Zip

32570

Country

USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLLUM, MARY L.
~~5855 RICHBRIAR RD.~~
MILTON FL 32570

81 Name

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

5833 STEWART ST.

83

84 City

MILTON

FL

85 Zip Code

32570

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D COLLUM, MARY L.**

STREET ADDRESS ~~5855~~

CITY - ST - ZIP **MILTON FL**

TITLE ☐ DELETE

NAME **D COLLUM, J. DAVID**

STREET ADDRESS ~~5855~~

CITY - ST - ZIP **MILTON 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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

5833 STEWART ST.

1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

5833 STEWART ST.

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96

Date

904-623-2362

Daytime Phone #

CR2E034 (12/95)