FILE NOW: FILING FEE AFTER MAY 1 IS \$550

Mailing Address

3800 PROSPECT AVENUE

NAPLES FL 34104-3714

2a. Mailing Address

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PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

2. Principal Place of Business

SIGNATURE:

3800 PROSPECT AVENUE

NAPLES FL 33942

US

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STATE FLORIDA DEPARTMENT

Sandra B. Morth

Secretary of State DIVISION OF CORPORA IONS

1997 DOCUMENT # P9200009993 (6)

MIKE GROTHE AUTO BODY. INC.

Not Applicable Suite, Apt. #, etc Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zio Country Country 8. This corporation has liability for intangible tay under s. 199.032, 24 29 30 Yes No. 25 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GROTHE, MIKE 5664 10TH AVENUE SW 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33942 83 84 City 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 reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. (96/6) DELETE Addition TITLE 1.1 TITLE Change GROTHE, MIKE NAME 1.2 NAME 5664 10TH AVENUE SW STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 33942 CITY-ST-7IP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-7IP 2. 4 City - St - ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CHTY-\$1-ZIP 4.4 CITY - ST - ZIP ☐ Addition DELETE TITLE 5.1 TIT 5.2 N NAME STREET ADDRESS 5.3 ST ET ADDRESS CITY - ST - ZIP -ST-ZIP DELETE Change Addition TITLE 6.1 T NAME 6.2 N STREET ADDRESS 6.3 STEET ADDRESS 6.4 CITY+ST-ZIP 14. To 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 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.

FILED Feb 11 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For

02/20/1996



3. Date incorporated or Qualified

12/08/1992

MICHAEL & GROTHE 2-3-97 941-643-1615
NING OFFICER OR DIRECTOR OR SCIENCE Date Daylore Phone I

4. FEI Number 65-0374144