FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morrham

Secretary of State DIVISION OF CORPORATIONS

1996

P92000011975 (9) **DOCUMENT #**

Principal Place of Business

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY - ST - 7IP

TITLE NAME

TITLE

NAME

TITLE

NAME:

WAYNE'S	PAINT	8	BODY	. INC.
---------	--------------	---	-------------	--------

907 WEBSTER STREET 3911 W. HWY. 44 LEESBURG FL 34748 LEESBURG FL 34748 3a. Date of Last Report 3. Date Incorporated or Qualified 02/28/1995 01/01/1993 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3160256 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Ant. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be Crty & State Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Zio Yes □No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SELLAR, SEWELL, RUSS & SAYLOR, P.A. Street Address (P.O. Box Number is Not Acceptable) 82 907 WEBSTER STREET 83 LEESBURG FL 34748 Zip Code 85 84 Crtv 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE. (401) E. Raginard (Agent signature records), when rooms this DATE Startung, takes or pented care, of night ned agent avaitable take it able. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Addition 1.1(1) TITLE BROWN, WAYNE H 2 NAME NAME 3911 WEST HIGHWAY 44 STREET ACORESS 3 STREET ADDRESS LEESBURG FL 34748 4 C(1 Y - ST - Z(P CITY - ST - ZIP DELFTE Change ☐ Addition 2.1 TO F TITLE 2.2 NAME NAME 2.3 STREE! ADDRESS STREET ADDRESS 2 4 CITY - ST - 7IP CITY-ST-ZIP Change Addition DELF11 3 1 TOTALE TITLE NAME 3.2 NAME

6.4 City - St - ZiP 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 trial my signature shall have the same legal effect as if made under oath, that I am an officer or director of the conjugation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

3.3 STREET ADDRESS

3.4 CiTy - ST - ZiP

4.4 C/TY - ST - Z/P

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY - ST ZIP

4 1 1016

4.2 NAME 4.3 STREET ADDRESS

5 1 10 tf

5.2 NAME

6 1 TITLE

62 NAME

DELETE

DELETE

□ DELETE

FIGNING OFFICER OF DIRECTOR # BOXXVIII 4/17/96 7285747

CR2E034 (12/95)

Change

Change

Addition

Addition

Addition