

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 13 AM 10:24

DOCUMENT # P93000056196 (7)

1. Corporation Name

COLLISION TECH OF CITRUS COUNTY, INC.

Principal Place of Business

3001 GULF TO LAKE HWY
INVERNESS FL 34450

Mailing Address

3001 GULF TO LAKE HWY
INVERNESS FL 34450

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/09/1993

3a. Date of Last Report

04/18/1994

4. FBI Number

59-3191128

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

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22. City & State

23

City & State

27. City & State

28

City & State

23. Zip

24

Country

28. Zip

29

Country

30

9. Name and Address of Current Registered Agent

POE, GARY A
103 N APOPKA AVE
INVERNESS FL 34450

10. Name and Address of New Registered Agent

81. Name

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

83.

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 fee application

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
PSTD	PEKINS, RONALD E	8860 E ROSEMONT ST	INVERNESS FL
PVST	PEKINS, RONALD E	8860 E ROSEMONT ST.	INVERNESS FL 34450

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP
	TERESA I PEKINS	8860 E Rosemont St	Inverness, FL 34450
	RONALD E PEKINS	8860 E Rosemont St	Inverness, FL 34450

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)(a), 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 registered or jointly empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 3, 1995

904-726-9799