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

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

| ANN  | 1996   | <b>7</b>   | y of State<br>ORPORATIONS           |   |  |
|--|--|--|-------------------------------------|---|--|
| DOCU   | JMENT # P93(   | 000062666 (1)  |                                     |   |  |
| A+ I   | PAINT & BODY, INC.   |  |                                     | 1 174 KB 04 110 1710 B 1116 B |  |
| Principal Place of Business Mailing Address    |  |  |                                     |   | Balik Danio Divid Hair Divid Divid Arik Habi                                   |
| 3926 NOR                                       | THWEST GAINESVILLE ROAD  | 3926 NORTHWEST GAIN                                    | NESVILLE ROAD                       |   |  |
| OCALA FL                                       | . 34475  | OCALA FL 34475   |                                     | 3. Date Incorporated or Qualified   | 3a. Date of Last Report  |
| • Divolant                                     | Place of Business  | 2a. Mailing Address                                    |                                     | 09/02/1993<br>4. FELNumber  | 04/28/1995<br>Applied For  |
| 21 Principal I                                 | Place of Business  | 26   |                                     | 59-3160755  | Not Applicable   |
| Suite, Ap                                      | t. #, etc.   | Suite, Apt. #, etc.                                    |                                     | 5. Certificate of Status Desired  | \$8.75 Additional  |
| 22   |  |  |                                     | 6. Election Campaign Financing  | Fee Required  \$5.00 May Be  |
| Orty & Sta                                     | ate  | 28   |                                     | Trust Fund Contribution   | Added to Fees  |
| Zip  | Country  | Zip  | Country                             | 8. This corporation has fiability for   |  |
| 24   | 25   | 29   | 30                                  | Florida Statutes Yes  10. Name and Address of New F   | No   |
|  | g. Name and Address of C   | urrent Registered Agent                                | 81 Name                             | 10. Name and Address of New F   | legistered Agent   |
|  |  |  |                                     |   |  |
| BARN   | IER, RICHARD L. JR.  | MAD.   | 82 Street Add                       | dress (P.O. Box Number is Not Acceptat  | oie)   |
| 3926 NORTHWEST GAINESVILLE ROAD OCALA FL 34475 |  |  |                                     |   |  |
| OCAL   | JA FL 344/3  |  | 84 City                             |   | <b>85</b> Zip Code   |
|  |  |  | ' '                                 |   | FL ! I   |
| 11. Pursuar                                    | nt to the provisions of Sections 607   | .0502 and 607.1508, Florida Statutes                   | s, the above named corp             | oration submits this statement for the pu   | rpose of changing its registered office  <br>pintment as registered agent. Lam |
| or regist<br>familiar                          | tered agent, or both, in the State of with, and accept the obligations of  | Section 607.0505, Morida Statutes.                     | u by the corporation s bo           | oration submits this statement for the pulsard of directors. I hereby accept the app  |  |
| SIGNATURE                                      | Sechand 1)   | and Ric  | HARLLB                              | ARNER JR. TRES  | . 3-21-96  |
|  | -3   | d agont and title 1 app (7 ble (NOT<br>S AND DIRECTORS | E: Registered Agent signature regis | ADDITIONS/CHANGES 10 OFF  | ICERS AND DIRECTORS IN 12  |
| 12.  | D  | DELETE   | 1.1000                              |   | Criange Addition   |
| NAME   | BARNER, RICHARD  | <del></del>  | 1.2 NAME                            |   |  |
| STREET ADDRES                                  | THE PROPERTY OF THE PARTY OF TH |  | 1.3 STREET ADOPESS                  |   |  |
| CITY-ST-7IP                                    | OCALA FL 34475   |  | 1.4 CITY - ST - ZIP                 |   |  |
| TITLE  | D  | DELETE   | 2 1 THLF                            |   | Change Addition  |
| NAME   | COULET: RICHARD  |  | 2.2 NAMI                            |   |  |
| STREET ADDRES                                  |  | NESVILLE ROAD  | 2.3 STREET ADDRESS                  |   |  |
| CITY - ST - ZIP                                | OCALA FL 34475   | FT) DOLLETE  | 2.4 CITY - ST - ZIP                 |   | Change Addition  |
| TITLE  |  | DELETE   | 3 1 1/1/16                          |   |  |
| NAME<br>OFFICE ADDRESS                         |  |  | 3.2 NAME.<br>3.3 STREET ADDRESS     |   |  |
| STREET ADDRES                                  | 55   |  | 3.4 C/1Y-ST-Z/P                     |   |  |
| CITY-ST-ZIP                                    |  | DELFTE   | 4 1 TITLE                           |   | Change Addition  |
| NAME   |  | _  | 4.2 NAME                            |   |  |
| STREET ADDRES                                  | ss   |  | 4.3 STREET ADDRESS                  |   |  |
| CITY-SI-ZiP                                    |  |  | 4.4 CITY - \$1 - 2IF                |   |  |
| TiTLE  |  | ☐ DELETE   | 5 1 TILLE                           |   | Change Addition  |
| NAME   |  |  | 5 2 NAMS                            |   |  |
| STREET ADDRES                                  | ss   | •  | 53 STREET ADDRESS                   |   |  |
| CITY-ST-ZIP                                    |  | ריין מרו דור   | 5.4 CITY - SF - ZIP                 |   | Change Add tion  |
| TITLE  |  | DELETE   | 6 1 TITLE<br>62 NAME                |   |  |
| NAME   | 00   |  | 6.3 STREET ADDRESS                  |   |  |
| STREET ADDRES                                  | SS 1   |  | # U.O QUINCET MUUNEGO               |   |  |

14. I do hereby certify that the information supplied with this filling 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 ceth; 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 Chapter 607, or on an attachment with an address.

SIGNATURE:

ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

3-21-96 (352)351-9699

CR2E034 (12/95)