

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P93000074059 (5)

1. Corporation Name  
TAMPA COLLISION CENTER, INC.

Principal Place of Business

701 FISK STREET  
SUITE 310  
JACKSONVILLE FL 32204

Mailing Address

701 FISK STREET  
SUITE 310  
JACKSONVILLE FL 32204

FILED  
Apr 07 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/15/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3215360	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LAWRENCE M. MATHENY JR & PAMELA L. WIKER  
701 FISK STREET  
2ND FLOOR  
JACKSONVILLE FL 32204

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

OFFICERS AND DIRECTORS

12. TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DC	MCRAE, WALTER A JR	1725 MEMORIAL PARK DR.	JACKSONVILLE FL	<input type="checkbox"/>
VCD	SCOTT, JACK L	1725 MEMORIAL PARK DR.	JACKSONVILLE FL	<input checked="" type="checkbox"/>
PD	GRAHAM, HENRY H JR	1725 MEMORIAL PARK DR.	JACKSONVILLE FL	<input type="checkbox"/>
SD	HERZOG, GERALD W	701 FISK ST., 2ND FLOOR	JACKSONVILLE FL	<input checked="" type="checkbox"/>
VD	KOPP, ERNEST A JR	701 FISK ST., 2ND FLOOR	JACKSONVILLE FL	<input type="checkbox"/>
T	MATHENY, LAWRENCE M	701 FISK STREET	JACKSONVILLE FL	<input type="checkbox"/>

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
11				<input type="checkbox"/>
12				<input type="checkbox"/>
13				<input type="checkbox"/>
14				<input type="checkbox"/>
21				<input type="checkbox"/>
22				<input type="checkbox"/>
23				<input type="checkbox"/>
24				<input type="checkbox"/>
31				<input type="checkbox"/>
32				<input type="checkbox"/>
33				<input type="checkbox"/>
34				<input type="checkbox"/>
41				<input type="checkbox"/>
42				<input type="checkbox"/>
43				<input type="checkbox"/>
44				<input type="checkbox"/>
51				<input type="checkbox"/>
52				<input type="checkbox"/>
53				<input type="checkbox"/>
54				<input type="checkbox"/>
61				<input type="checkbox"/>
62				<input type="checkbox"/>
63				<input type="checkbox"/>
64				<input type="checkbox"/>

Director/Secretary/Treasurer  
Lawrence M. Matheny, Jr.  
701 Fisk St., Suite 200  
Jacksonville, FL 32204

14. I 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.

SIGNATURE: *Henry H. Graham Jr.* 4-2-98 (904) 354-3300

CR2E034 (10/97)