

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90020 020 ***150.00

DOCUMENT # P93000074059

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1993

4. FEI Number

59-3215360

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC ☐ DELETE
NAME MCRAE, WALTER A JR
STREET ADDRESS 1725 MEMORIAL PARK DR.
CITY-ST-ZIP JACKSONVILLE FL

TITLE PD ☐ DELETE
NAME GRAHAM, HENRY H JR
STREET ADDRESS 1725 MEMORIAL PARK DR.
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD ☒ DELETE
NAME KOPP, ERNEST A JR
STREET ADDRESS 701 FISK ST., 2ND FLOOR
CITY-ST-ZIP JACKSONVILLE FL

TITLE DST ☐ DELETE
NAME MATHENY, LAWRENCE M. J
STREET ADDRESS 701 FISK STREET
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME PD
2.3 STREET ADDRESS Graham, Henry H. Jr.
2.4 CITY-ST-ZIP 701 Fisk St., Ste. 310
Jacksonville, FL 32204

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME VD
3.3 STREET ADDRESS Long, William A.
3.4 CITY-ST-ZIP 11024 N. Florida Ave.
Tampa, FL 33612

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME STD
4.3 STREET ADDRESS Matheny, Lawrence M. Jr.
4.4 CITY-ST-ZIP 701 Fisk St., Ste. 200
Jacksonville, FL 32204

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

~~SIGNATURE REQUIRED~~

Henry H. Graham, Jr. 3/22/99 904-354-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25234 (1/99)

0032637