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

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P9400 0 S PAINT & BOD Y SHOP, II				
Principal Place of Business 14905 HW 331 SOUTH HIGHWAY 331 NORTH FREEPORT FL 32439		Mailing Address 14905 HWY 331 SOUTH HIGHWAY 331 NORTH FREEPORT FL 32439-3109		1	II BB III BB FB I 11518 B1301 B105 1101 1001
US	US TVV	US		3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Pi	lace of Business	2a. Mailing Address		01/01/1994 4. ELI Number	05/01/1996 Applied For
21	A ala	26		59-3216300	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	Cily & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip	Country 30	8. This corporation has liability for i	
	9. Name and Address of Curre		[30]	10. Name and Address of New Re	_
	ANT, JIMMY		81 Name		
ROUTE 3, BOX 21 HIGHWAY 331 NORTH			82 Street	82 Street Address (P.O. Box Number is Not Acceptable)	
	EPORT FL 32439		83		
1116		•	84 City		85 Zip Code
					FL
agent. I a	egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or professional age	gations of, Section 607.0505, Flo	rida Statutes. Tog stered Agen signature		DATE
12.		ID DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change Addition
NAME	ptd Bryant, Jimmy	ניים מנגנונ	1.1 TITLE - 1.2 NAME		L_1 Change Addition
STREET ADDRESS	RT. 2 BOX 95 HWY. 331 N.		1.3 STREET ADDRESS		
CITY-ST-ZIP	FREEPORT FL 32439	·····	1.4 CiTY+ST-7IP		
TITLE		L_I DELETE	2.1 TBLE	S	LJ Change x J Addition
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS	Bryant, Felicia	**
CITY-ST-ZIP			2. 4 CITY - ST - ZIP	Rt 2, Box 95, Hwy 331 Freeport, FL 32439	N
TITLE		DELFTE	3 1 101/F		Change Addition
NAME			3.2 NAMf		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE.	3.4 CITY-ST-ZIP 4.1 TIME		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY- S1 - 7IP		
TITLE NAME		DETETE	5 1 TITLE		L Change L Add-tion
STREET ADDRESS	•		5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY- ST- ZIP		
TITLE		DLLETE	6 1 7171.1		Change Addition
NAME			G.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	by certify that the information supplie	ed with this filing does not availd	■ 6.4 CHY-S1 7/P v for the exemption s	tated in Section 119.07(3)(i), Florida Statutes	Lifurther certify that the

To necess the manufacture information supplied with this using seas for quality for the exemption stated in section 119.07(3)(), Florida Statutes. I further cettly 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 eath; 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.

Felicia Bryant 3-12-97

FILED

Mar 17 1997 8:00am

Secretary of State