## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT

1996

Sandra B. Mortham Secretary of State

CLEWISTON FL 33440

7-25 DIVISION OF CORPORATIONS P94000019532 (8)

**DOCUMENT #** 

**CLEWISTON FL 33440** 

CLEWISTON AUTO BODY, INC.

Principal Place of Business Mailing Address 103 S. COMMERCIO 103 S. COMMERCIO

|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        |                                                      |                   |                             | 3. Datu Incorporateri                                | or Qualified                   | 3a. Date                   | of Last F                 | le <u>nor</u> t                 |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------|-------------------|-----------------------------|------------------------------------------------------|--------------------------------|----------------------------|---------------------------|---------------------------------|
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        |                                                      |                   |                             | 03/11/1994 06/20/1                                   |                                |                            |                           |                                 |
| 2.<br>21                  | Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2a. Mailing Address<br>26              |                                                      |                   |                             | 4. FET Number 65-04735                               | 31                             |                            | <b>⊢</b> -∔               | Applied For<br>Not Applicable   |
|                           | Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |                                                      |                   |                             |                                                      |                                |                            |                           | Additional                      |
| 22                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 27                                     |                                                      |                   |                             | 5. Certificate of Statu                              | s Desired                      |                            | •                         | Required                        |
|                           | Crty & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | City & State                           |                                                      |                   |                             | 6. Election Campaign                                 | Financing                      |                            |                           | O May Be                        |
| 23                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 28                                     |                                                      |                   |                             | Trust Fund Contribution Added to Fees                |                                |                            |                           |                                 |
|                           | Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Zip                                    | 30                                                   |                   |                             | 8. This corporation ha                               |                                |                            | x under s                 | 199.032,                        |
| 24                        | 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 29                                     |                                                      |                   |                             | Florida Statutes 💹 Yes 🗌 No                          |                                |                            |                           |                                 |
|                           | 9. Name and Address of Current                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Registered Agent                       | 81                                                   | ı - <del></del> . |                             | 10. Name and Addre                                   | ss of New R                    | egistered (                | Agent                     |                                 |
| JONES, ROBERT D           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        |                                                      |                   | Name                        |                                                      |                                |                            |                           |                                 |
|                           | 590 ROYAL PALM BEACH BLVD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 82                                     | 2 Street Address (P.O. Box Number is Not Acceptable) |                   |                             |                                                      |                                |                            |                           |                                 |
| ROYAL PALM BEACH FL 33411 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        |                                                      |                   |                             |                                                      |                                |                            |                           |                                 |
|                           | The result of the state of the |                                        | 83                                                   | 1                 |                             |                                                      |                                |                            |                           |                                 |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        | 84                                                   | Crty              | /                           |                                                      |                                | ····                       | 85 Z                      | p Code                          |
| -11                       | P we got to the previous of Sections 607 0500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                        | L                                                    | l                 |                             |                                                      |                                | <u> </u>                   |                           |                                 |
|                           | Pursuant to the provisions of Sections 607.0502 or registered agent, or both, in the State of Florid familiar with, and accept the obligations of, Section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | a. Such change was authorized          | s, the above-<br>d by the con                        | namei<br>ioratic  | a corporate<br>in's board i | on sutimits this stateme<br>of directors. Thereby ac | out for the purposept the appo | pose of cha<br>pintment as | nging its i<br>registered | egistered office<br>Lagent, Lam |
| SIG                       | NATURE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | in 607.0000, Honda Otatates.           |                                                      |                   |                             |                                                      |                                |                            |                           |                                 |
|                           | Signature, typed or printed name of registered agent a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                        | : Ftogisteren Age                                    | ot sejeci         | ne response wit             |                                                      |                                | DATE                       |                           |                                 |
| 12.                       | OFFICERS AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ····                                   | 13.                                                  |                   |                             | ADDITIONS/CHAN                                       | GES TO OFFI                    |                            |                           |                                 |
| TITLE                     | I FF WILLIAM M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DELETE                                 | * 1 TIME                                             |                   | PRE                         | SIDENT/SE                                            | ۲,                             | ρ                          | Change                    | Addition                        |
| NAME                      | 103 S COMMERCIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        | 1.2 NAME                                             |                   | Bus                         | S. COMMER                                            | $D_{i}$                        |                            |                           |                                 |
|                           | CIEWISTON FL 33440                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        | 1.3 STREE                                            |                   | 55 103                      | EWISTON                                              | C. 22                          | 1440                       |                           |                                 |
| TITLE                     | -SI-ZIP DV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ☐ DELETE                               | 1.4 CiTY -                                           | ST-ZIF            |                             | EW13/02                                              | PL 33.                         |                            | 1 Change                  | ED Addison                      |
| NAME                      | RUSRY JAMES D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                        | 2. 1 TIELE<br>2.2 NAME                               |                   |                             |                                                      |                                | L                          | _ Change                  | Addition                        |
|                           | ELADDRESS 103 S. COMMERCIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        | 2 3 STREE                                            | I A'SINDL         | ee                          |                                                      |                                |                            |                           |                                 |
|                           | CLEWISTON FL 33440                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        | 24 CHY-                                              |                   | 33                          |                                                      |                                |                            |                           |                                 |
| TITLE                     | 081                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DELETE                                 | 3 1 THILE                                            | 51 · ZIV          |                             |                                                      |                                |                            | 7 Change                  | Addition                        |
| NAME                      | LEE, LINDA M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        | 3.2 NAME                                             |                   |                             |                                                      |                                | _                          | J 0. 0go                  |                                 |
|                           | ELADORESS 103 S. COMMERCIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        | 33 STREE                                             | LADDRS            | SS                          |                                                      |                                |                            |                           |                                 |
| CITY-                     | CLEWISTON FL 33440                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        | 3 4 C·IY -                                           |                   |                             |                                                      |                                |                            |                           |                                 |
| TITLE                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DELETE                                 | 4. 1 TITLE                                           |                   |                             |                                                      |                                |                            | Change                    | ☐ Addition                      |
| NAME                      | :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                        | 4.2 NAME                                             |                   |                             |                                                      |                                |                            |                           |                                 |
| STREE                     | ET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        | 4 3 STREE                                            | ADDRE             | SS                          |                                                      |                                |                            |                           |                                 |
| CITY-                     | ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                        | 4.4 CHIY - :                                         | S1 - Z(F          |                             |                                                      |                                |                            |                           |                                 |
| TULE                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | □ DELETE                               | 5 1 TITLE                                            |                   | T                           |                                                      |                                |                            | Change                    | Add tion                        |
| NAME                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        | 5.2 NAME                                             |                   |                             |                                                      |                                |                            |                           |                                 |
| STREE                     | et address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        | 5.3 STREE                                            | ADDRE             | 55                          |                                                      |                                |                            |                           |                                 |
| CHY-                      | ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                        | 5.4 CHY+5                                            | ST - ZHP          |                             |                                                      |                                |                            |                           |                                 |
| THILE                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ☐ DELETE                               | 6 1 THILE                                            |                   | 1                           |                                                      |                                | E                          | ) Change                  | Addit on                        |
| NAME                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        | 6.2 NAME                                             |                   |                             |                                                      |                                |                            |                           |                                 |
| STREE                     | ET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        | 63 STHEF                                             | ADDRE             | SS                          |                                                      |                                |                            |                           |                                 |
| CITY-                     | -ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        | 6.4 CITY - 5                                         | 37 - 719          |                             |                                                      |                                |                            |                           |                                 |

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)(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 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 13 if changed, or on an attachment with an address.

SIGNATURE: D. BUS by SIGNATURE AND TYPED OR PRINTED NAMES OF SIGNING OFFICER OR DIRECTOR

3/19/96

941-983-0400