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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000022253 (6)

CALVIN WATSON QUALITY PAINT & BODY, INC.

Principal Place of Business Mailing Address 8717 NW 13TH STREET EXTENSION 8717 NW 13TH STREET EXTENSION GAINESVILLE FL 32653 GAINESVILLE FL 32653 3. Date Incorporated or Qualified 3a. Date of Last Report 04/01/1994 02/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3229972 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country $Z_{\rm ID}$ 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TOVKACH, WALTER M 527 EAST UNIVERSITY AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **GAINESVILLE FL 32601** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title it approache (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELETE Change TITLE 1.1 10116 Addition WATSON, NORMAN C JR. NAME 1.2 NAME 8717 NW 13TH STREET EXTENSION STREET ADDRESS 1.3 STREET ADDRESS **GAINESVILLE FL 32602** CITY-ST-ZIP 1.4 CITY - \$1 - ZID DELETE Change Addition TITLE 2.1 TITLE WATSON, MONICA E NAME 2.2 NAME 8717 NW 13TH STREET EXTENSION STREET ADDRESS 2.3 STREET ADDRESS **GAINESVILLE FL 32602** CITY-ST-ZIF 2 4 CITY - ST - ZIP DELETE TITLE ☐ Change Addition 3.1 THLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5 1 1111.6 Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CH Y - \$1 - 7(P TITLE DELETE 6.1 HILE Change Addilion NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIF 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an attachment with an address. Cwatson

FILED

Mar 19 1997 8:00am

Secretary of State