FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

ļ	1996	DIVISI	ON OF CORPORA	ATIC	SMC				
DOCU 1. Corporation	MENT # P94	000028315	(7)						
1	GE'S BODY SHOP, INC		• •						
	• • • •								inel mari en les
Principal Place of Business Mailing Address						-{			
825 S.E. MONTEREY ROAD 825 S.E. MONTE			ERFY ROAD						
STUART FL	34994	STUART FL 34							
						3. Date Incorporated or Qualified 04/11/1994	3a. Date	of Last 2/17/1	
	ace of Business	2a. Mailing Addre	SS	-		4. FEI Number			Applied For
Suite, Apt.	#. etc.	26 Suite, Apt. #,	olo			65-0480699			Not Applicable
22		27	ы. Б.С.			5. Certificate of Status Desired			75 Additional e Required
City & State	•	City & State				6. Election Campaign Financing			00 May Be
Zip	Country	28 Zipi	Coun	ıtrv		Trust Fund Contribution		Add	led to Fees
24	25	29]	30	iti y		8. This corporation has liability for in Florida Statutes Yes		. under	s 199.032,
	9. Name and Address of C	urrent Registered Agent		T		10. Name and Address of New Ro	egistered A	gent	
* THURLO	DW, THOMAS H JR.		[8	B1	Name				
17 M.L. KING, JR. BLVD.			į e	B2	Street Addre	ess (P.O. Box Number is Not Acceptabl	e)		
	FL 34994		ē	33					
			l a	34	City			Inc I	Zio Code
11 Pursuant t	o the organisions of Sections 607	0500 and 002 4500 5th 12		1	•		<u>FL</u>		Zip Code
or registere	ed agent, or both, in the State of th, and accept the obligations of,	Florida. Such change was au	statutes, the above ithorized by the co	e-na orpo	amed corporal ration's board	tion submits this statement for the purp I of directors. I hereby accept the appo	xose of char intment as r	iging its egistere	registered office ed agent. I am
SIGNATURE _	in, and accept the obligations of,	Section 607.0505, Florida St	atutes.						
	Signature, typed or printed name of registered		(NOTE: Registered Ag	gont	signature required	when reinstaning)	DATE		
12. TITLE	OFFICER:	S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			
NAME	JONES, EVAN L	[] bet:1	1. 1 T/TL 1.2 NAMI					Change	☐ Addition
STREET ADDRESS	825 SE MONTEREY RD		1.2 NAW		DORESS.				
CITY-ST-ZIP	STUART FL		1.4 CiTY						
TITLE		☐ DELET	2 1 7171	F.				Change	☐ Addition
NAME			2 2 NAME	E	-				
STREET ADDRESS			2 3 STRE	E1 AI	DORESS				
CITY - ST - ZIP		☐ DELETE	2.4 CITY-	_	ZIP				
NAME			3 1 TITLE 32 NAME					Change	☐ Addition
STREET ADDRESS			3 3. STRE		ODBESS				
CITY - ST - ZIP			3 4 CITY-			20000170	THE WA		
TITLE		DELE TE				30000179 -04/25/960101		Change	Addition
NAME			4.2 NAME	E		***200.00	U USE		_
STREET ADDRESS			4.3 STREE	ET A	DDRESS				
CiTY-SI-ZiP TITLE		רין ארונדני	4 4 CITY-		ZIP				
NAME		☐ DELETE						Change	Addition
STREET ADDRESS			5 2 NAME		pppcee				
CITY-ST-ZIP			5 3 STREE 5.4 CITY-						
TITLE		DELETE				····		Change	☐ Addition
NAME			6.2 NAME					JJgc	
STREEL ADDRESS			63 STREE	ET AD	DRESS			Q	25
CITY-ST-ZIP			6.4 C/TY-	ST-	ZIP	-		4-7	14-96
 I do hereby 	certify that the information suppli-	ied with this filing is voluntarili	y furnished and doe	es r	not qualify for	the exemption stated in Section 119.0	1/2VIA Floria	a Chat.	doe 16 where

I do heroby 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), Fiorida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an axis imment with an address.

GNATURE:

| Supplementary | Fund |

SIGNATURE: