

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 SEP 18 PM 1:25

#9/20

DOCUMENT # **P94000032096 (7)**

1. Corporation Name

**NORTH EAST FLORIDA COLLISION INDUSTRIES ASSOCIAT  
ION, INC.**

Principal Place of Business

Mailing Address

**5538 HIGHWAY AVE.  
JACKSONVILLE FL 32254**

**5538 HIGHWAY AVE.  
JACKSONVILLE FL 32254**

2. Principal Place of Business

2a. Mailing Address

21 **Same**

26 **Same**

Suite, Apt #, etc.

Suite, Apt #, etc.

22  
23 City & State

27  
28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**POWELL, RONALD L  
5538 HIGHWAY AVE.  
JACKSONVILLE FL 32254**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

3. Date Incorporated or Qualified

**04/25/1994**

3a. Date of Last Report

**02/07/1995**

4. FEI Number

**59-3386266**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032  
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and then applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE  
NAME **PARKER, TREVOR J**  
STREET ADDRESS **5538 HIGHWAY AVE**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VP** ☒ DELETE  
NAME **ALLEN, RONALD L**  
STREET ADDRESS **3538 HIGHWAY AVE**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **S** ☐ DELETE  
NAME **POWELL, SHERBY**  
STREET ADDRESS **5538 HIGHWAY AVE**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **President** ☒ Change ☐ Addition  
12 NAME **Ronald L. Allen**  
13 STREET ADDRESS **5538 Highway Ave.**  
14 CITY-ST-ZIP **Jacksonville, Fl**

21 TITLE **Vice President** ☒ Change ☐ Addition  
22 NAME **Donald Allen**  
23 STREET ADDRESS **5538 Highway Ave.**  
24 CITY-ST-ZIP **Jacksonville, Fla.**

31 TITLE ☐ Change ☐ Addition  
32 NAME **Same**  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE **Tresuary** ☒ Change ☐ Addition  
42 NAME **Andy Cannady**  
43 STREET ADDRESS **5538 Highway Ave.**  
44 CITY-ST-ZIP **Jacksonville, Fl.**

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96 (904) 781-4184  
Date Daytime Phone #

CR2E034 (3/96)