

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

INCORPORATION
ANNUAL REPORT
1995



APPROVED
FILED

2015 - 7 PM 3:15

DOCUMENT # **P94000052008 (7)**

BOB'S AA&A PAINT AND BODY SHOP, INC.

CLERK OF STATE
TALLAHASSEE, FLORIDA

700 INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH FL 32114

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DAYTONA BEACH FL 32114

3. Date of Last Report 07/11/1994	3a. Date of Last Report N/A
4. Filing Number 59-3256504	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Certain Company Levies and Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Office City	2a. Mailed Address
21. State of Incorporation	26. State of Mailing
22. City of Incorporation	27. City of Mailing
23. County of Incorporation	28. County of Mailing
24. State of Incorporation	29. State of Mailing
25. City of Incorporation	30. City of Mailing

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROBINS, ROBERT 1206 S. RIDGEWOOD AVE. DAYTONA BEACH FL 32115				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. City	85. Zip Code	FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 aware of and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:	
1. NAME	PSTD SCHALK, ROBERT 1732 POWERS AVE. HOLLY HILL FL 32117	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS		2. NAME	
3. CITY		3. STREET ADDRESS	
4. STATE		4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE		5. NAME	
6. STREET ADDRESS		6. STREET ADDRESS	
7. CITY		7. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STATE		8. NAME	
9. TITLE		9. STREET ADDRESS	
10. STREET ADDRESS		10. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. CITY		11. NAME	
12. STATE		12. STREET ADDRESS	
13. TITLE		13. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		14. NAME	
15. CITY		15. STREET ADDRESS	
16. STATE		16. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and equally for the record and subject to law in Florida, Florida Statutes. I further certify that the information furnished on this annual report or supplemental annual report is true and correct and that my signature shall be on the same to certify that it is true and correct. I am aware of and accept the obligations of the recovery of business expenses to create this report as required by Chapter 607, Florida Statutes, and that my name is on the report as required by Chapter 607, Florida Statutes, and that my name is on the report as required by Chapter 607, Florida Statutes.

SIGNATURE: *Robert Schalk* **3/2/95** (904) 253-2590