PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000052008**

1. Corporation Name

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

Principal	Place	of	Business	

Mailing Address

700 INTERNATIONAL SPEEDWAY BLVD. DAY

700 INTERNATIONAL SPEEDWAY BLVD.

FILED Mar 04, 1999 8:00 am **Secretary of State**

03-04-1999 90039 024 ***150.00



DAYTONA BEACH FL 32114		DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualifed	
			07/11/1994	
2a. Mailing Addre	ess		4. FEI Number	Applied For
26			59-3256504	Not Applicable
Suite, Apt. #,	etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State			6. Election Campaign Financing Trust Fund Contribution	-\$5.00: May Be Added to Fees
Zip		ntry	This corporation owes the current year Inta Personal Property Tax.	angible Maryes □ No
			10. Name and Address of New Registered	Agent
		81 Name 82 Street A	Address (P.O. Box Number is Not Acceptable)	
	2a. Mailing Addre 26 Suite, Apt. #, 27 City & State 28	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Cou 29 30	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 rent Registered Agent 81 Name	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 Country 29 30 Country 29 30 Country 29 30 DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed 07/11/1994 4. FEI Number 59-3256504 5. Certificate of Status Desired Trust Fund Contribution 8. This corporation owes the current year Interpretation of the Country Personal Property Tax. 10. Name and Address of New Registered Agent

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.

84 City

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature re	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHALK, ROBERT	1.2 NAME	
STREET ADDRESS	1732 POWERS AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL FL 32117	1.4 CiTY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	{
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	
TILE	□ DELETE	3.1-TITLE.	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4, 2 NAME	
STREET ADDRESS		4,3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE	DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5,3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	7
TITLE	DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 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 attachment with an address, with all other like empowered.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Zip Code

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