FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000053545 (7)

1. Corporate Name
TAYLOR'S PAINT & BODY SHOP, INC.

Principal Place of Business
4757 STATE ROAD 574
PLANT CITY FL 33567

Mailing Address
4757 STATE ROAD 574
PLANT CITY FL 33567

(DO NOT WRITE IN THIS SPACE)

3. Date of Incorporation or Qualification: 07/20/1994
3a. Date of Last Report:

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. # or Bldg.
22

Suite, Apt. # or Bldg.
27

City & State
23

City & State
28

Zip
24

County
25

Zip
29

County
30

4. FEI Number: 59-3254456 — 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 § 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TAYLOR, CLYDE W
4757 STATE ROAD 574
PLANT CITY FL 33567

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Section(s) 607.0505, 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(S)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 Title 02 Name 03 Street Address 04 City-St-Zip	D TAYLOR, CLYDE W 5108 W. TRAPPNELL ROAD DOVER FL 33567	01 Title 02 Name 03 Street Address 04 City-St-Zip	☐ Change ☐ Addition
05 Title 06 Name 07 Street Address 08 City-St-Zip		05 Title 06 Name 07 Street Address 08 City-St-Zip	☐ Change ☐ Addition
09 Title 10 Name 11 Street Address 12 City-St-Zip		09 Title 10 Name 11 Street Address 12 City-St-Zip	☐ Change ☐ Addition
13 Title 14 Name 15 Street Address 16 City-St-Zip		13 Title 14 Name 15 Street Address 16 City-St-Zip	☐ Change ☐ Addition
17 Title 18 Name 19 Street Address 20 City-St-Zip		17 Title 18 Name 19 Street Address 20 City-St-Zip	☐ Change ☐ Addition
21 Title 22 Name 23 Street Address 24 City-St-Zip		21 Title 22 Name 23 Street Address 24 City-St-Zip	☐ Change ☐ Addition

14. I/We hereby certify that the information supplied with this report is true, accurate and complete 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 with an asterisk or on an attachment with an asterisk.

SIGNATURE: Clyde W Taylor — 4-18-95 — 813-752-1449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

Clyde W. Taylor

0288070 CP