FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000067546 (9)

LASTER'S AUTO PAINT & BODY, INC.

Principal Place of Business Mailing Address 29317 HIGHWAY 561 29317 HIGHWAY 561 TAVARES FL 32778 TAVARES FL 32778 2. Principal Place of Business 2a. Mailing Address 21 Surte, Apt. #, etc. Suite, Apl. #, etc.

FILED Mar 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/12/1994 4. FEI Number Applied For 59-3286083 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution 28 23 Źιρ 200 Country 8. This corporation owes or has paid the current year Intangible СМ [Personal Property Tax due June 30. 25 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name LASTER, RONNIE 29317 HIGHWAY 561 Street Address (P.O. Box Number is Not Acceptable) **TAVARES FL 32778** 83 Zip Code City 85 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. Signature, typical or protect name of registerest agent and fills if apply able (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1 1 TITLE TITLE LASTER, RONNIE 1.2 NAME NAME 29317 HIGHWAY 561 1.3 STREET ADDRESS STREET ADDRESS TAVARES FL 32778 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TODE LASTER, JUNE A 2.2 NAME NAME 11419 OCKLAWAHA DR 2 3 STREET ADDRESS STREET ADDRESS LEESBURG FL 34748 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 THILE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP Addition Change ___ DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS \$1REE1 ADDRESS 6.4 CITY - ST - ZIP

14. Thereby certily 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 suppliemental 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.

352 343-13/4