

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 2:03**

DOCUMENT # P94000070837 (7)

1. Corporation Name

ECONO AUTO PAINTING OF LAKELAND, INC.

Principal Place of Business

**1622 WEST MEMORIAL BLVD.
LAKELAND FL 33801**

Mailing Address

**658 SAN PABLO AVENUE
CASSELBERRY FL 32707**

PRINTED WRITE IN THIS SPACE

3. Date incorporated or qualified

09/23/1994

3a. Date of Last Report

2. Principal Place of Business

21. State

22. City

23. Zip

24. State

25. City

26. Zip

2a. Mailing Address

26. State

27. City

28. Zip

29. State

30. City

30. Zip

4. FID Number

59-3270141

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Director Campaign Financing
Trust Fund Contributions

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

8. This corporation has liability for delinquency under S. 499.042,

Florida Statute.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DALBEY, L. RANDALL
658 SAN PABLO AVENUE
CASSELBERRY FL 32707**

81. Name

82. Street Address (P.O. Box Number if Not Applicable)

83. City

84. State

FL

85. Zip Code

11. Pursuant to the provisions of Sections 218.01 and 218.02, Florida Statutes, the abovesigned corporation certifies that, submitted 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, if any, except the appointment of a registered agent, from January 1, 1995, and is not the obligation of the corporation, Florida Statutes.

SIGNATURE (Print Name, Title, and Address of Signer) (Print Name, Title, and Address of Registered Agent) (Print Name, Title, and Address of Director)

12. DIRECTOR AND OFFICERS	
1. NAME	
2. STREET ADDRESS	
3. CITY	
4. STATE	
5. ZIP CODE	
6. NAME	
7. STREET ADDRESS	
8. CITY	
9. STATE	
10. ZIP CODE	
11. NAME	
12. STREET ADDRESS	
13. CITY	
14. STATE	
15. ZIP CODE	
16. NAME	
17. STREET ADDRESS	
18. CITY	
19. STATE	
20. ZIP CODE	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME	P L. RANDALL DALBEY
2. STREET ADDRESS	658 SAN PABLO AVE
3. CITY	CASSELBERRY, FL 32707
4. STATE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5. ZIP CODE	
6. NAME	V-5 MARY S. DALBEY
7. STREET ADDRESS	658 SAN PABLO AVE
8. CITY	CASSELBERRY, FL 32707
9. STATE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. ZIP CODE	
11. NAME	
12. STREET ADDRESS	
13. CITY	
14. STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. ZIP CODE	
16. NAME	
17. STREET ADDRESS	
18. CITY	
19. STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. ZIP CODE	

14. I, the undersigned, certify that the information reported with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 218.01 and 218.02, Florida Statutes. I further certify that the information included on this annual report or biennial report is true and accurate and that my signature and name thereon, especially if not made under oath, do not constitute an admission of the accuracy of the information reported hereon. This report is required by Chapter 218, Florida Statutes, and that my name appears in block 1, or block 13, of this report, or on an attachment with an address.

SIGNATURE: *L. Randall Dalbey Pres* **L. RANDALL DALBEY, Pres. 4-29-95 407-365-3300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR