

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000000810 (8)

1. Corporation Name

DARRELL'S PAINT & BODY, INC.



Principal Place of Business

Mailing Address

651 2ND LANE
VERO BEACH FL 32962

651 2ND LANE
VERO BEACH FL 32962

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

01/04/1995

4. FEI Number

Applied For

59-3285776

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 s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81. Name

DARRELL FRYE, JR

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

6009 FT PIERCE BLVD

83.

84. City

FT PIERCE

FL

85. Zip Code

33451

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Darrell Frye, Jr.

DARRELL FRYE, JR PRES. 02/24/96

Signature typed or printed name of registered agent (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRYE, DARRELL JR	
STREET ADDRESS	6009 FT. PIERCE BLVD.	
CITY-ST-ZIP	FT. PIERCE FL 33451	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	SCHUPP, CHARLES A	
STREET ADDRESS	6009 FT. PIERCE BLVD.	
CITY-ST-ZIP	FT. PIERCE FL 33451	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FRYE, LANE	
STREET ADDRESS	6009 FT. PIERCE BLVD.	
CITY-ST-ZIP	FT. PIERCE FL 33451	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	SCHUPP, A CHARLES
2.4 CITY-ST-ZIP	1166 6TH AVE 17-C
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D/VP/S/T
3.3 STREET ADDRESS	SCHUPP, LINDA K
3.4 CITY-ST-ZIP	1166 6TH AVE 17-C
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VERO BEACH FL 32960
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	700001822857
5.3 STREET ADDRESS	-05/15/96--01084--000 008
5.4 CITY-ST-ZIP	***200.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DARRELL FRYE, JR 2/2/96 (407) 770-0026

Date

City/State/Phone #

CR2E034 (12/95)