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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000000810 (8)

| DARRELL'S PAINT & BODY, INC.  Principal Prace of Business Mailing Address 651 2ND LANE VERO BEACH FL 32962  Mailing Address VERO BEACH FL 32962-2945 |  |                               |                      |   |  |                           |                              |
|--|--|-------------------------------|----------------------|---|--|---------------------------|------------------------------|
|  |  |                               |                      |   | 3. Date Incorporated or Qualified 01/04/1995   | 3a. Date of L<br>05/01/19 |                              |
|  | 2. Principa: Place of Business 28. Mailing Address |                               |                      |   | 4. FEI Number  |                           | Applied For                  |
| 21 Suite An  | 26   Suite, Apt. #, etc.   Suite, Apt. #, etc.     |                               |                      | <del></del>   | 59-3285776   | <b>\$</b> B               | Not Applicable 75 Additional |
| 27   |  |                               |                      |   | 5. Certificate of Status Desired   |                           | ee Required                  |
| City & State City & State  |  |                               |                      | ·····   | 6. Election Campaign Financing   | \$5                       | .00 May Be                   |
| 23 Z <sub>10</sub>   | Country  | 28                            | Count                |   | Trust Fund Contribution  |                           | ded to Fees                  |
| 24 25 29   |  | Zip                           | Zip Country          |   | <ol> <li>This corporation has liability for intengible tax under s. 199.032.</li> <li>Florida Statutes</li> </ol> ✓ Yes ☐ No   |                           |                              |
| 571  | 9. Name and Address of Curren                      |                               |                      |   | 10. Name and Address of New Re   |                           |                              |
| VANDEVOORDE, RENE G  |  |                               |                      | Name  |  |                           |                              |
| 1327 NORTH CENTRAL AVENUE  |  |                               | 6                    | 82 Street Address (P.O. Box Number is Not Acceptable) |  | ····                      |                              |
| St   | EBASTIAN FL 32958                                  |                               | )<br>[8              | 13  | ,  |                           |                              |
|  |  |                               |                      |   |  | T1                        | 7. 6.1.                      |
|  |  |                               | 1*                   | City  |  | FL 85                     | Zip Code                     |
| S'GNATURE  |  | or and their applicative. (NC |                      |   | rporation submits this statement for the pation's board of directors. I hereby acception with the pation of the pation's board of directors. I hereby acception and the pation of the pa | DAYE                      |                              |
| DHLE   | PD   | ☐ DELETE                      | 1.1 TITU             | E   |  | Ch                        | ange 🔲 Addition              |
| NAM!   | FRYE, DARRELL JR                                   |                               | 1.2 NAV              | 1   |  |                           |                              |
| STREET ACHRESS   | 6009 FT. PIERCE BLVD.<br>FT. PIERCE FL 33451       |                               | 1                    | EET ADDRESS   |  |                           |                              |
| CHY-S1-ZIP   | 0  | ☐ DELETE                      | 2.1 TITL             | '-ST-ZIP  <br>E                                       |  | Ch                        | ange Addition                |
| NAM:   | SCHUPP, CHARLES A                                  |                               | 2.2 NAM              | IE ·  |  |                           |                              |
| STREET ADDRESS   |  |                               | 2.3 STR              | EET ADDRESS   |  |                           |                              |
| CITY-ST 7IP  | VERO BEACH FL 32960                                | I brieff                      |                      | Y-ST-ZIP  | ······································   | Г                         |                              |
| TULE   | VSTD<br>SCHUPP, LINDA K                            | [_] DELETE                    | 3.1 TITU<br>3.2 NAM  |   |  | Ch                        | ange 🔲 Addition              |
| STREET ADDRESS   | ALAN ATEL SEPTEMBER AND A                          | •                             |                      | EET ADDRESS   |  |                           |                              |
| CITY ST-7IP  | VERO BEACH FL 32960                                |                               |                      | Y-S1-ZIP  |  |                           |                              |
| TITLE  |  | DELETE                        | 4.1 TITL             |   |  | Ch                        | ange Addition                |
| KAV:   |  |                               | 4, 2 NA              | ſ   |  |                           |                              |
| STREET ADDRESS   | 5  |                               |                      | EET ADDRESS   |  |                           |                              |
| CHY-ST ZIP<br>TITLE  |  | DELETE                        | 4.4 CITY<br>5.1 TITU | r-ST-ZIP  |  | Ch                        | ange Addition                |
| NAME.  |  |                               | 5.1 11L              |   |  | V.,                       |                              |
| STREET ADDRESS   | s  |                               | 1                    | EEY ADDRESS   |  |                           |                              |
| CHY-\$1 70°  |  |                               | 5.4 CITY             | '-ST-ZIP  |  |                           |                              |
| TITLE  |  | DELETE                        | 6.1 TITL             | £   |  | Ch                        | ange Addition                |
| NAME:  |  |                               | 6.2 NAM              | l l   |  |                           |                              |
| STREET ADDRESS   | 5  |                               |                      | EET ADDRESS   |  |                           |                              |
| CITY: \$1-7H   |  |                               | ■ 6.4 CITY           | /-ST-7IP  |  |                           |                              |

14. I do 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 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 proposition or the region or the proposition or the region of the proposition or the region of the proposition or the region of the proposition of the proposition of the proposition or the region of the proposition of the pr

**SIGNATURI** 

LUNDAK, SCHUPP

561-770-0020 Daylime Phone #

**FILED** 

May 13 1997 8:00am

Secretary of State