

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000006236 (0)

1. Corporation Name

AUTO TRIM DESIGN OF THE EMERALD COAST, INC.



Principal Place of Business

Mailing Address

566 EAST TIMBERLAKE DRIVE  
MARY ESTHER FL 32569

566 EAST TIMBERLAKE DRIVE  
MARY ESTHER FL 32569

3. Date Incorporated or Qualified

01/24/1995

3a. Date of Last Report

---

2. Principal Place of Business

21 245 NW Hollywood

2a. Mailing Address

26 SAME

4. FEI Number

593291594

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 FT. WALTON Bch, FL

City & State

28

Zip

24 32548

Country

25 DKALOSA

Zip

29

Country

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FUQUA, PENNY S  
566 EAST TIMBERLAKE DRIVE  
MARY ESTHER FL 32569

81

Name

FUQUA, Penny S.

82

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

103 Woodbine Cr

83

FT WALTON BEACH

84

City

FL

85 Zip Code

32548

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:

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE  
NAME FUQUA, JOHN D  
STREET ADDRESS 566 EAST TIMBERLAKE DR.  
CITY-ST-ZIP MARY ESTHER FL 32569

1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME FUQUA, John D  
1.3 STREET ADDRESS 103 Woodbine Cr  
1.4 CITY-ST-ZIP FT WALTON Bch, FL 32548

TITLE ST ☐ DELETE  
NAME FUQUA, PENNY S  
STREET ADDRESS 566 EAST TIMBERLAKE DR.  
CITY-ST-ZIP MARY ESTHER FL 32569

2.1 TITLE ST ☒ Change ☐ Addition  
2.2 NAME FUQUA, Penny S  
2.3 STREET ADDRESS 103 Woodbine Cr  
2.4 CITY-ST-ZIP FT WALTON Bch, FL 32548

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE 400001835234  
5.2 NAME -05/22/96--01078--024  
5.3 STREET ADDRESS \*\*\*200.00  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 on an attachment with an address.

SIGNATURE:

Penny S. Fuqua  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Penny S. Fuqua 4-3-96 904664200  
DATE DAYTIME PHONE #

CR2E034 (12/95)