

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 # P95000010504 (5)

1. Corporation Name

ECONO AUTO PAINTING OF VOLUSIA COUNTY, INC.

Principal Place of Business

24055 CORTEZ BLVD  
BROOKSVILLE FL 34601

Mailing Address

PO BOX 15429  
BROOKSVILLE FL 34609



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 24063 CORTEZ BLVD

27 City & State

28 BROOKSVILLE FL

29 34601 30 US

3. Date Incorporated or Qualified

02/01/1995

3a. Date of Last Report

4. FET Number

59-3292787

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

BEVINS, DOUGLAS G  
143 S MAIN ST  
BROOKSVILLE FL 34601

10. Name and Address of New Registered Agent

81 Name JOSEY, WILLIAM S.  
82 Street Address (P.O. Box Number is Not Acceptable)  
100 S ASHLEY DR SUITE 830  
83  
84 City TAMPA FL 85 Zip Code 33602

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

WILLIAM S. JOSEY

(Print Name of Registered Agent and Address if other than above)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

D  
NAME DAMRON, JODY D  
STREET ADDRESS 24055 CORTEZ BLVD  
CITY-ST-ZIP BROOKSVILLE FL 34601

1.2 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.3 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.7 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.8 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME 24063 CORTEZ BLVD

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

Vice President / Secretary  
CARLA DAMRON  
24063 CORTEZ BLVD  
BROOKSVILLE FL 34601

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JODY DAMRON

3-22-96

352 754 3050

CR2E034 (12/95)