SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000025493 (4) **DOCUMENT #** D&D AUTOBODY SUPPLIES, INC. Principal Place of Business Mailing Address 34123 GRANT AVE. 34123 GRANT AVE. LEESBURG FL 34788 LEESBURG FL 34788 3a. Date of Last Report 3. Date incorporated or Qualified 03/30/1995 None 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable 21 26 \$8,75 Additional Suite, Act. #. etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 $Z_{\rm IO}$ Country 8. This corporation has liability for intangible tax under s. 199.032 Zip Florida Statutes Yes No 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **AMERILAWYER** 343 ALMERIA AVE. 82 **CORAL GABLES FL 33134** 83 City 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. Thereby accept the appointment as registered agent I am familiar with and accept the obligations of section 607 0595, Florida Statutes. 84 SIGNATURE (3/96) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE TITLE CR2E034 HUNTLEY, DONALD E 1.2 NAME NAME t123 GRANITY 34788 EESburg FL 34788 34123 GRANT AVE. 1.3 STREET ADDRESS STREET ADDRESS LEESBURG FL 34788 1 4 CITY - ST - ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADORESS STREET ADDRESS 2 4 CITY - ST - 214 CHTY-ST-ZIP DELETE 3 1 T:TLE Change Addition TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - ZIP Change Addition DELETE 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP CITY ST ZIP Change Addition DELETE 5 1 TITLE 5 2 NAME 5.3 STREET ADORESS STREET ADDRESS CITY-ST-Z-P 5.4 CITY - ST - ZIP DELETE 61 TITLE J TITLE

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 furner 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 legat 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

6.2 NAME

6.3 STREET ADDRESS

64 CITY - ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP