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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000040218 (6)

DENNIS' QUALITY AUTO BODY, INC.

Principal Place of Business Mailing Address

FILED May 12 1998 8:00am Secretary of State



3901 DR. MAF FORT MYERS	RTIN LUTHER KING JR. BOULEVARD FL	3901 DR. MARTIN LUTHER FORT MYERS FL	KING JR. BOULEVARD		
				DO NOT WRITE IN TI	HIS SPACE
				3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address	•	05/19/1995 4. FEI Number	Applied For
21		26 P.D. BOX	261	65-0602992	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>		\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State 28 F+ Muer	c El	6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip T MYEE	Country	Trust Fund Contribution	Added to Fees
24	25	33902	¬ [_^ _	This corporation owes or has paid the Personal Property Tax due June 30.	Yes No
27	g. Name and Address of Current			10. Name and Address of New Register	
HARMON, ISAAC			81 Name		
3901 DR. MARTIN LUTHER KING JR. BOULEVARD					· · · · · · · · · · · · · · · · · · ·
	RT MYERS FL	BOULEVAND	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
roi	ni micho ru		83		
			84 City	1	85 Zip Code
11. Pursuant t	to the provisions of Sections 607 0502	and 607,1508. Florida Statutes	the above-named corr		
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 accopt the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable (NGTE: I	Registered Agent signature requi	red when reinstating) DA	TF
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	HARMON, ISAAC		1.2 NAME		
STREET ADDRESS	2635 LEMON STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33916		1.4 CITY - ST - ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	HARMON, WYLIE A		2.2 NAME		
STREET ADDRESS	2625 LEMON STREET		2.3 STREET ADDRESS	•.	
CITY-ST-ZIP	FORT MYERS FL 33916		2.4 CITY-ST-ZIP		
TITLE	1 0111 1111 112 00010	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		_	3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. City-St-ZiP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			1		
TITLE		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		and ordere	6.2 NAME		The second of the second
STREET ADDRESS					
i			6.3 STREET ADDRESS		
14. hereby c	ertify that the information supplied with	h this filing does not qualify for	6.4 CITY-ST-ZIP	Section 119 07(3)(i) Florida Statutes I furthe	or certify that the information
14. I 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 office of the converted of the converted to experience of the conve					
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.					