

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 # P95000052756 (0)

1. Corporation Name

AUTOMOTIVE PAINT CENTER, INC.



Principal Place of Business

102 EAST BROWNLEE STREET
STARKE FL 32091

Mailing Address

102 EAST BROWNLEE STREET
STARKE FL 32091

3. Date Incorporated or Qualified
07/03/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 18536 Highway 301 W

26 P.O. Box 1065

4. FEI Number

59-3323402

Applied For

Not Applicable

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

22 City & State

27 City & State

23 Starke, FL

28 Starke, FL

24 Zip 32091

25 Country Bradford

29 Zip 32091

30 Country Bradford

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, TOM A
102 EAST BROWNLEE STREET
STARKE FL 32091

81 Name

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

83

84 City

FL

85 Zip Code

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 the day, month, and year)

(Typed) Registered Agent signature and date when signing

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SMITH, TOM A
STREET ADDRESS POST OFFICE BOX 231
CITY-STATE-ZIP STARKE FL 32091 N/A

TITLE D
NAME SMITH, GERALD
STREET ADDRESS POST OFFICE BOX 231
CITY-STATE-ZIP STARKE FL 32091 N/A

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Shannon C. Smith
1.3 STREET ADDRESS P.O. Box 1065
1.4 CITY-STATE-ZIP Starke, FL 32091 N/A

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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

CR2E034 (12/95)