



FILED

Feb 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED Feb 03 1997 8:00am Secretary of State	
DOCUMENT # P96000049379 (6) 1. Corporation Name 3-D PAINT & BODY OF JACKSONVILLE, INC.					
Principal Place of Business 4119 PHILLIPS HIGHWAY JACKSONVILLE FL 32216		Mailing Address 4119 PHILLIPS HIGHWAY JACKSONVILLE FL 32207-6836			
2. Principal Place of Business 21 4119 Phillips Hwy Suite, Apt. #, etc. 22 City & State 23 Jacksonville FL Zip 24 32207 Country 25 Dural		2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 06/10/1996 3a. Date of Last Report 4. FEI Number 59-3383415 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	
9. Name and Address of Current Registered Agent RUMPH, J O 3100 UNIVERSITY BOULEVARD SOUTH SUITE 101 JACKSONVILLE FL 32216			10. Name and Address of New Registered Agent 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 the registered agent and filer if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE PSTD NAME DOZIER, KENNETH S STREET ADDRESS 4119 PHILLIPS HIGHWAY CITY-ST-ZIP JACKSONVILLE FL 32216 [DELETE] [DELETE] [DELETE] [DELETE] [DELETE] [DELETE] [DELETE] [DELETE] [DELETE] [DELETE]			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP [Change] [Addition] [Change] [Addition] [Change] [Addition] [Change] [Addition] [Change] [Addition] [Change] [Addition] [Change] [Addition] [Change] [Addition] [Change] [Addition] [Change] [Addition]		
14. I do 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 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] 1-27/97 636-0538 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					