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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000065836 (4) ANDERSON'S AUTO BODY, INC. Principal Place of Business Mailing Address 2930 GUAVA COURT 2930 GUAVA COURT MIDDLEBURG FL 32068 MIDDLEBURG FL 32068 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/07/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0698043 21 26 Not Applicable Suite, Apt. #, etc. Suite Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. e. Name and Address of Current Registered Agent Name and Address of New Registered Agent ANDERSON, R L 2930 QUAVA COURT **B2** Street Address (P.O. Box Number is Not Acceptable) MIDDLEBURG FL 32068 83 84 City Zin 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 punied name of regulated agent and their applicable (NOT) Registered Agent a gnature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition TITLE 1.1 TITLE ANDERSON, R LEE NAME 1.2 NAME 2930 GUAVA CT STREET ADDRESS 1.3 STREET ADDRESS MIDDLEBURG FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 41 THUE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Channe Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 7/P DELETE Change Addition TITLE 61 1ITE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADORESS

6.4 CITY - S1 - ZIP

14. 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attractment with an address.

FILED

May 18 1998 8:00am

Secretary of State