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FILED
Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000072209 (5)

1. Corporation Name
AUTOMOTIVE COLLISION CENTER, INC.

Principal Place of Business

6001 JOHNS ROAD, SUITE 702
TAMPA FL 33634

Mailing Address

6001 JOHNS ROAD, SUITE 702
TAMPA FL 33634-4411



3. Date incorporated or Qualified

08/29/1996

3a. Date of Last Report

4. FEI Number

59-3398941

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 6511 S. Dale Mabry Hwy.

Suite, Apt. #, etc.

22 City & State

23 Tampa, FL 33611

24 33611

25 Hillsborough

2a. Mailing Address

26 6511 S. Dale Mabry Hwy.

Suite, Apt. #, etc.

27 City & State

28 Tampa, FL 33611

29 33611

30 Hillsborough

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

KAREN MOYER

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

6511 S. Dale Mabry Hwy

83

84 City

Tampa

FL

85 Zip Code

33611

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 KAREN MOYER

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-97

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MOYER, TERRY M
STREET ADDRESS 6001 JOHNS ROAD, SUITE 702
CITY-ST-ZIP TAMPA FL 33634

TITLE VSTD ☐ DELETE

NAME MOYER, KAREN A
STREET ADDRESS 6001 JOHNS ROAD, SUITE 702
CITY-ST-ZIP TAMPA FL 33634

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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] 4-21-97 812 836 8912

CR2E034 (9/96)