

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000072209 (5)
1. Corporation Name

AUTOMOTIVE COLLISION CENTER, INC.

FILED

98 AUG 24 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

6511 S. DALE MABRY HWY
TAMPA FL 33611
US

Mailing Address

~~6511 S. DALE MABRY HWY~~ 6518 DOVEWOOD PL.
TAMPA FL 33611
US Tampa, FL 33634

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1996

4. FEI Number

59-3398941

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 6518 DOVEWOOD PL.

27 Suite, Apt. #, etc.

28 City & State

29 Tampa, FL

Zip

33634

Country

30 Hillsborough

9. Name and Address of Current Registered Agent

MOYER, KAREN
6511 S. DALE MABRY HWY
TAMPA FL 33611

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOYER, TERRY M	
STREET ADDRESS	6001 JOHNS ROAD, SUITE 702	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	MOYER, KAREN A	
STREET ADDRESS	6001 JOHNS ROAD, SUITE 702	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6511 S. Dale Mabry Hwy
1.4 CITY-ST-ZIP	Tampa, FL 33611
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	6511 S. Dale Mabry Hwy
2.4 CITY-ST-ZIP	Tampa, FL 33611
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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 *Karen Moyer* 8-17-98 813-891-1318

CR2E034 (5/98)

8-19-98

(2)

Please accept this application and another check for \$150.00.

I mailed the original application and a check for \$150.00 in April. The check has never cleared our bank & has not been received or processed w/ FL Dept. of State.

Please call me if there is a problem.

Thank-you,

Karen Meyer
813-881-1318