

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000072209

1. Corporation Name
AUTOMOTIVE COLLISION CENTER, INC.

Principal Place of Business
6511 S. DALE MABRY HWY
TAMPA FL 33611
US

Mailing Address
6518 DOVEWOOD PLACE
TAMPA FL 33634

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90083 029 ***150.00



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 ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

326 Lookout DR.

Apollo Beach, Florida

33572 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)

83 326 LOOKOUT DRIVE

84 City FL 85 Zip Code
APOLLO BEACH FL 33572

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 ☐ DELETE

NAME
PD
MOYER, TERRY M
STREET ADDRESS
6511 S. DALE MABRY HWY.
CITY-ST-ZIP
TAMPA FL 33611

TITLE ☐ DELETE

NAME
VSTD
MOYER, KAREN A
STREET ADDRESS
6511 S. DALE MABRY HWY.
CITY-ST-ZIP
TAMPA FL 33611

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

326 LOOKOUT DRIVE
APOLLO BEACH, FL 33572

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

326 LOOKOUT DRIVE
APOLLO BEACH, FL 33572

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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)