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

May 03, 1999 8:00 am Secretary of State 05-03-1999 90083 029 ***150.00



DO NOT WRITE IN THIS SPAC	DO	NOT	WRITE	ΙΝ	THIS	SPAC
---------------------------	----	-----	-------	----	------	------

3. Date Incorporated or Qualifed

				08/29/1996	4.50				
2. Principal Pl	ace of Business	2a. Mailing Address	/ 100	4. FEI Number	Applied For				
21		26 326 LOOK	Kout DR	59-3398941	Not Applicable				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required				
City & State		City & State	1 (6. Election Campaign Financing	\$5.00 May Be				
23		28 9 pollo BEa	ch Flor	Trust Fund Contribution	Added to Fees				
Zip	Country	Zip	Country.	8. This corporation owes the current year In	tangible				
24	25	29 32572 30	a Hillshour	Personal Property Tax.	☐Yes ☑No				
24	9. Name and Address of Current	<u> </u>	171111111111111111111111111111111111111	10. Name and Address of New Registered	Agent				
	5. Name and Address of Current	rtogiotorou rigont	81 Name						
MOY	er, karen								
	S. DALE MABRY HWY		82 Street	82 Street Address (P.O. Box Number is Not Acceptable)					
	PA FL 33611		83 7 7	/ / Na : -					
***************************************			" 32	6 LOOKOUT DRIVE					
			84 City		85 Zin Code				
		_	I APP	ollo BEach FL	- <u> </u>				
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				equired when reinstating) DATE					
	Signature, typed or printed name of registered agent		egistered Agent signature re	ADDITIONS/CHANGES TO OFFICERS AI	ND DIDECTORS IN 12				
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Penange Addition				
TITLE	PD TERRY II	□ nereie	1.1 TITLE		O Change Conscision				
NAME	MOYER, TERRY M		1.2 NAME	216 LADKAUT DRIVE	}				
STREET ADDRESS	6511 S. DALE MABRY HWY.		1.3 STREET ADDRESS	JAS IT REACH 77 3	3677				
CITY-ST-ZIP	TAMPA FL 33611		1.4 CITY-ST-ZIP	ADONO DECENT, PL 3	<u> </u>				
TITLE	VSTD	☐ DELETE	2.1 TITLE	•	Change Addition				
NAME	MOYER, KAREN A		2.2 NAME	and I want Apier	ĺ				
STREET ADDRESS	6511 S. DALE MABRY HWY.		2.3 STREET ADDRESS	326 LOOKOUT PRIME	1-00				
CITY-ST-ZIP	TAMPA FL 33611		2.4 CITY-ST-ZIP	326 LOOKOUT DRIVE Apollo BEach, FZ 3 326 LOOKOUT DRIVE Apollo BEach, FZ 33	55 72				
TITLE		☐ DELETE	3.1 TITLE	/	☐ Change ☐ Addition				
NAME.			3.2 NAME	÷.					
STREET ADDRESS	a the speeding		3.3 STREET ADDRESS						
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Í				
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition				
NAME	·		4, 2 NAME						
			4.3 STREET ADDRESS						
STREET ADDRESS									
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition				
TITLE			5.2 NAME	•					
NAME			5.3 STREET ADDRESS						
STREET ADDRESS									
CITY-ST-ZIP			5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition				
TITLE		☐ DELETE			☐ Change ☐ Addition				
NAME			6.2 NAME		Į				
STREET ADDRESS			6.3 STREET ADDRESS		Ì				
CITY-ST-ZIP			6.4 CITY-ST-ZIP						
14 I horoby	certify that the information symplied with	this filing does not qualify for th	e exemption stated	in Section 119.07(3)(i) Florida Statutes, I further ce	ertify that the information				

I necess certally that the miorination supplied with this filing does not quality for the exemption stated in Section 1.19.07(3)(f). 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 of an attachment with an address, with all other like empowered.

SIGNATURE: ...