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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 08, 1999 8:00 am Secretary of State

05-08-1999 90018 026 ***150.00

| DOCUMENT # P96000076970 1. Corporation Name | |
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| XL AUTO PAINT & BODY, INC. | |
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| Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE | · | | | | | | | | (1. 1 . 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. |
|--|--|---|---------------------------------|-----------------|----------------------|-------------------|---|------------------------|--|
| SOLY STEEPLECHASE DR UKELAND PL 33911 2. Principal Place of Business 3. Date incorporated of Qualified 99/16/1996 4. FER Number 59-343-6048 59-343-60 | · | e of Business | Mailing Address | | | | - I ABBIHBAN AKU KUKIN UKINI BUKA UBKIN UBHAN DUTAN IU | DIO BILLE FO | (il (bott bott ibol |
| LAKELAND FL 33811 | ACAE ALCELER | | • | ID. | | | | | |
| 2. Principal Place of Business | LAKELAND FL | | | 'ri | | | | | |
| 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied 59-3436048 Not Applied 21 22 22 22 22 22 22 2 | | | | | | | DO NOT WRITE IN THIS : | SPACE | |
| 2. Principal Place of Business 2a. Mailing Address 5. Certificate of Status Desired 59-3436048 Not App Not App Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 29 Suit | | | | | | | 3. Date Incorporated or Qualifed | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country S. This corporation owes the current year Intangible Personal Property Tax. Yes Personal Property Tax. Yes Zip Control Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Name 32. Street Address (P.O. Box Number is Not Acceptable) 33. Street Address (P.O. Box Number is Not Acceptable) 34. City FL 85. Zip Code 11. Pursuant to the provisions of Sections 607:0502 and 607:1508, Florida Statutes, the anamade corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Stude hohange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and armillar with, and accept the obligations of, Section 807:0505, Florida Statutes, the anamade corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 807:0505, Florida Statutes, the appointment as registered agent, and armillar with, and accept the obligations of, Section 807:0505, Florida Statutes, the appointment as registered agent, and armillar with, and accept the obligations of, Section 807:0505, Florida Statutes, the appointment as registered agent, and armillar with, and accept the obligations of, Section 807:0505, Florida Statutes, the appointment as registered agent, and armillar with, and accept the obligations of, Section 807:0506, Florida Statutes, the appointment as registere | | 5- · | | | | | 09/16/1996 | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Sieve Sie | 2. Principal P | face of Business | 2a. Mailing Address | - | | • | | | Applied For |
| City & State City & State City & State Zip Country Since Country S | 21 | | 26 | | | | 59-3436048 | | Not Applicable |
| City & State Country Zip Personal Property Tax. Yes Ziv Ziv Ziv Personal Property Tax. Yes Ziv Z | Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | |
| Zip Country Zip Country Zip Country Zip Country St. This corporation was the current year Intangible Park Zip | | | | | | | - Continue of States Desired | Fee F | Required |
| Zip Country Zip Personal Property Tax. Yes Ziv | 一 ' | e | City & State | | | | 6. Election Campaign Financing | | |
| 28 | 23 | | | | | | Trust Fund Contribution | Added | d to Fees |
| S. Name and Address of Current Registered Agent CONE, MICHAEL 3042 STEEPLECHASE DR LAKELAND FL 33811 10. Name and Address of New Registered Agent CONE, MICHAEL 3042 STEEPLECHASE DR LAKELAND FL 33811 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 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 register agent, and accept the obligations of Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and affilied a special property of printed name of registered agent and still it applicable. Significantly typed or printed name of registered agent and still it applicable. (NOTE: Registered Agent significant required when register required when registered agent and still it applicable. (NOTE: Registered Agent significant required when registered agent and still it applicable. (NOTE: Registered Agent significant required when registered agent and still it applicable. (NOTE: Registered Agent significant required when registered agent and still it applicable. (NOTE: Registered Address (P.O. Box Number is Not Acceptable) DATE 12. OFFICERS AND DIRECTORS 1 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1 14. City - 5. 2P CONE, MICHAEL W 3042 STEEPLECHASE DR 13. STREET ADDRESS CITY-ST-2P 14. City - 5. 2P 14. City - 5. 2P 15. TITLE 15. TITLE | Žip | Country | Zip | _ | intry | | • | | _/ |
| CONE, MICHAEL 3042 STEEPLECHASE DR LAKELAND FL 33811 182 Street Address (P.O. Box Number is Not Acceptable) 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 registion 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 registion agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, byted or privad name of registered agent and tiller applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I TIME CONE, MICHAEL W STREET ADDRESS 3042 STEEPLECHASE DR 13. STREET ADDRESS CITY-ST-ZP LAKELAND FL 33811 14.CITY-ST-ZP CONE, RENEE' E 3042 STEEPLECHASE DR 23. STREET ADDRESS CITY-ST-ZP CONE, RENEE' E 3042 STEEPLECHASE DR 24. STREET ADDRESS CITY-ST-ZP Change | 24 | | | 30 | | <u> </u> | | | [ŁNo |
| CONE, MICHAEL 3042 STEEPLECHASE DR LAKELAND FL 33811 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 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, the am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of regatered agent and life if applicable. MOTE Registered Agent algorithm remained when remaining) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I 14. In Title CONE, MICHAEL W 12. NAME CONE, MICHAEL W 12. NAME CONE, MICHAEL W 13. STREET ADDRESS CITY-ST-ZP LAKELAND FL 33811 14. CITY-ST-ZP LAKELAND FL 33811 14. CITY-ST-ZP CONE, RENEE' E 22. NAME 23. STREET ADDRESS CITY-ST-ZP TITLE DELETE 13. TITLE Change Change Change CHARGES CONE, STREET ADDRESS CITY-ST-ZP TITLE DELETE 13. TITLE Change | | 9. Name and Address of Curren | t Registered Agent | | ļ | | 10. Name and Address of New Registered A | gent | |
| 3042 STEEPLECHASE DR LAKELAND FL 33811 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 507,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent, and familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, Upped or ported name of registered agent and life if applicable. (NOTE Replaced Agent signature required when reinlating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1 TIME CONE, MICHAEL W STREET ADDRESS CITY-ST-ZP LAKELAND FL 33811 TILE TSVP DELETE 1.1 TILE TSVP DELETE 1.2 TIME CONE, RENEE' E 22 NAME STREET ADDRESS CITY-ST-ZP LAKELAND FL 33811 DELETE 3.1 TILE 3.2 CANGES STREET ADDRESS CITY-ST-ZP LAKELAND FL 33811 DELETE 3.1 TILE 3.2 CANGES STREET ADDRESS CITY-ST-ZP TIME DELETE 3.1 TILE 3.2 CANGES STREET ADDRESS CITY-ST-ZP TIME DELETE 3.1 TILE 3.2 CANGES STREET ADDRESS CITY-ST-ZP TIME DELETE 4.1 TILE Change | | IT LANGUAGE | | | 81 | Name | | | |
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| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the approval 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 register agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I 1.1 TITLE CONE, MICHAEL W STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33811 14 CITY-ST-ZIP TITLE TSVP ODELETE 1.1 TITLE TSVP DELETE 2.1 TITLE TSVP DELETE 2.2 NAME CONE, RENEET: E STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33811 DELETE 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.4 CITY-ST-ZIP TITLE DELETE 3.5 TITLE DELETE 3.5 TITLE DELETE 3.5 TITL | | | | | | Oli 60t Addi | ross (1 .O. Dox Humber is Not Acceptable) | | |
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| 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 register 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 register agent, 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 renstating) DATE | | | | | 1 | | | | |
| 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 register agent, it aim familiar with, and accept the obligations of, Section 607.6505, Florida Statutes, it agent. I aim familiar with, and accept the obligations of, Section 607.6505, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I 1.1 ITTLE CONE, MICHAEL W STREET ADDRESS CITY-ST-ZIP NAME CONE, MICHAEL W STREET ADDRESS CITY-ST-ZIP NAME CONE, RENEE' E SIGNATURE STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33811 DELETE 1.1 ITTLE CONE, RENEE' E SIGNATURE 2.2 NAME STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33811 DELETE 2.2 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE AMAGE STREET ADDRESS CITY-ST-ZIP TITLE DELETE ATTITLE CORRESS CITY-ST-ZIP TITLE CORRESS CITY-ST-ZIP | | | | | 84 | City | FI | 85 Zip | Code |
| Signaturo, typed or printed name of registered agent and tille if applicable. (NOTE: Registered Agent signature required when remotating) DATE | office or r agent. I a | egistered agent, or both, in the State | of Florida. Such change was | s authorized | i by t | the corporation | ooration submits this statement for the purpose of c on's board of directors. I hereby accept the appoin | hanging i ment as r | ts registered registered |
| TITLE | | Signature, typed or printed name of registered agen | it and title if applicable. (NC | OTE. Registered | Agent | signature require | | | |
| NAME CONE, MICHAEL W 12 NAME 13 STREET ADDRESS 3042 STEEPLECHASE DR 13 STREET ADDRESS CITY. ST. ZIP LAKELAND FL 33811 14 CITY. ST. ZIP TITLE TSVP | 12. | | | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND | | |
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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, with all other like empowered.

SIGNATURE:

441-686-8085