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Secretary of State

03-01-1999 90240 034 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000096283			
1. Corporation Name JERRY'S AUTO BODY INC			
Principal Place of Business 15480 CORTEZ BLVD BROOKSVILLE FL 34613 US		Mailing Address 12383 LINDEN DR SPRING HILL FL 34608 US	
2. Principal Place of Business 21 15480 CORTEZ BLVD. Suite, Apt. #, etc. 22		2a. Mailing Address 26 15480 CORTEZ BLVD Suite, Apt. #, etc. 27	
City & State 23 BROOKSVILLE FL Zip Country 24 34613 25 USA		City & State 28 BROOKSVILLE FL Zip Country 29 34613 30 USA	
9. Name and Address of Current Registered Agent PACHECO, JANE 12383 LINDEN DRIVE SPRING HILL FL 34608			
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 Jane Pacheco JANE PACHECO SECRETRES DATE FEB 01 1999 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P <input type="checkbox"/> DELETE NAME PACHECO, JERRY STREET ADDRESS 12383 LINDEN DR CITY-ST-ZIP SPRING HILL FL 34608-4352		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE V <input type="checkbox"/> DELETE NAME PACHECO, GABRIEL STREET ADDRESS 12383 LINDEN DR CITY-ST-ZIP SPRING HILL FL 34608-4352		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE ST <input type="checkbox"/> DELETE NAME PACHECO, JANE STREET ADDRESS 12383 LINDEN DR CITY-ST-ZIP SPRING HILL FL 34608-4352		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 01 1999

Date

Daytime Phone #

352-7990992

CR2E034 (11/98)