

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

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000047206 (2)

1. Corporation Name

HI-TECH COLLISION, INC.

Principal Place of Business

19320 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34624

Mailing Address

19320 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1997

4. FEI Number

59-3453105

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81

Name

Brian P McQuillan

82

Street Address (P.O. Box Number is Not Acceptable)

19321 U.S. Highway 19 North

83

84

City

CLEARWATER

FL

85

Zip Code

34624

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]

(NOTE: Registered Agent signature required when reinstalling)

DATE 1/6/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PSTD
STREET ADDRESS MCQUILLAN, BRIAN P
CITY - ST - ZIP 19321 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34624

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1

TITLE

☐ Change ☐ Addition

1.2

NAME

1.3

STREET ADDRESS

1.4

CITY - ST - ZIP

2.1

TITLE

☐ Change ☐ Addition

2.2

NAME

2.3

STREET ADDRESS

2.4

CITY - ST - ZIP

3.1

TITLE

☐ Change ☐ Addition

3.2

NAME

3.3

STREET ADDRESS

3.4

CITY - ST - ZIP

4.1

TITLE

☐ Change ☐ Addition

4.2

NAME

4.3

STREET ADDRESS

4.4

CITY - ST - ZIP

5.1

TITLE

☐ Change ☐ Addition

5.2

NAME

5.3

STREET ADDRESS

5.4

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:

[Signature]

1-6-98

CR2E034 (10/97)