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Dec 14 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 # P97000059166 (3)

1. Corporation Name

MINSHEW PAINT & TOUCH-UP, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

103 CHEROKEE ST.
SATSUMA FL 32189-0561

Mailing Address

P.O. BOX 561
SATSUMA FL 32189-0561

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1997

2. Principal Place of Business

21 103 Cherokee St

Suite, Apt. #, etc.

2a. Mailing Address

26 PO Box 561 - 103 Cherokee

Suite, Apt. #, etc.

4. FEI Number

59-3462292

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$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

9. Name and Address of Current Registered Agent

MINSHEW, LENORA J
103 CHEROKEE ST.
SATSUMA FL 32189-0561

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 *Lenora J. Minshew*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/16/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME *PRESIDENT*

STREET ADDRESS *LENORA J. MINSHEW*

CITY-ST-ZIP *103 CHEROKEE ST PO BOX 561*

SATSUMA FL 32187-0561

TITLE ☐ DELETE

NAME *VICE PRESIDENT*

STREET ADDRESS *WILLIS I. MINSHEW*

CITY-ST-ZIP *103 CHEROKEE ST PO BOX 561*

SATSUMA FL 32187-0561

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

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

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:

Lenora J. Minshew
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-98

Date

Daytime Phone #

0536331

CR2E034 (10/97)