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

**PROFIT CORPORATION ANNUAL REPORT** 



IT ORIDA DEPARAMENT OF STATE

## Sandra B. Mortham

Secretary of State

## **FILED** Jun 01 1998 8:00am Secretary of State

DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000077641 (3) CERTIFIED ACCIDENT RECONSTRUCTION INC. Principal Place of Business Mailing Address 2780 JULIET DR. 2780 JUNIET DR. **DELTONA FL 32738 DELTONA FL 32738** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/05/1997 2a. Mailing Address 2. Principal Place of Business Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes [] No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BAILEY, WILLIAM E 2780 JULIET DR. 82 Street Address (P.O. Box Number is Not Acceptable) **DELTONA FL 32738** 83 R4 City 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. Thereby accept the obligations of, Section 607.0505, Florida Statutes **SIGNATURE** Signature, typed or printed same of registered agent and line if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE President 1.2 NAME NAME William E. Bailey 2780 N. Juliet Drive 1.3 STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP 1.4 CITY - ST- ZIP Deltona, FL 32738 DELETE Addition Change 2 1 TITLE TITLE 22 NAMI NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 1111 6 Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREFT ADDRESS 3.4. CITY-\$1-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME 4.3 STREET ADURESS CITY-ST-ZIP 4 4 CHTY - ST - 74P DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS City-St-ZiP 64 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 eath, 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 count attachment with an address.

anged or on an Idae Add William

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