

DOCUMENT # P97000093433

1. Entity Name

A-A PAINT & BODY, INC.

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90034 022 ***150.00

Principal Place of Business 3800 NAVY BLVD. PENSACOLA FL 32507	Mailing Address 127 E. ZARAGOZA SUITE 206 PENSACOLA FL 32501 US
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B0058679



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 2620 N 12th Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State PENSACOLA FL	
Zip	Country	Zip 32501	Country

4. FEI Number 59-3475111	Applied For Not Applicable
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6. Name and Address of Current Registered Agent BASS & SANDFORT ACCOUNTANTS 127 E. ZARAGOZA SUITE 206 PENSACOLA FL 32501	7. Name and Address of New Registered Agent Name BASS & SANDFORT Street Address (P.O. Box Number is Not Acceptable) 2620 N 12th Ave City PENSACOLA FL Zip Code 32501
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reconstituting)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution ☐ \$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERRY, BRAD 3800 NAVY BLVD. PENSACOLA FL 32507 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PERRY, RUSSELL 3800 NAVY BLVD. PENSACOLA FL 32507 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEAKS, JOHN 3800 NAVY BLVD. PENSACOLA FL 32507 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 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

Date

3/29/02