Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90173 038 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800004584

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TILE

NAME

r. Corporado	II INGINO						
QUALITY COLLISION CENTER, INC.					2 1981/1891 (JE 1818) (BN/) 88// 88// 89//2	A AKKI MAKKI AKKAL AKKAL	10111-0101-1001
	•						
Principal Plac	e of Business	Mailing Address			[T a ni ea it aige i a tiai	10(1) 410(100)
1175 N MONROE ST 1175 N MONROE ST							
TALLAHASSEE FL 32303 TALLAHASSEE FL 32303					DO NOT WRITE IN THIS SPACE		
						HIS SPACE	-
					3. Date Incorporated or Qualifed 01/15/1998		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			59.3486175		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27				Fee Re	
City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23	28				Trust Fund Contribution		o rees
Zip			Country	,	This corporation owes the current year Personal Property Tax.	r intangible XYes	□No
24	9. Name and Address of Current		30		10. Name and Address of New Registe	_ _	
	3. Rame and Address of Odificin	. registered rigorit	81	Name			
MCGLAMORY, JANE					ID C D. N. haria Nat Assemble		
4128 LITTLE EGYPT PLANTATION RD				Street Add	lress (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32308			83	1	, , , , , , , , , , , , , , , , , , , ,		
						or Zio (Codo
				84 City FL 85 Zip Code			}
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the abov	e-named corp	poration submits this statement for the purpos	e of changing its	registered
office or r agent. I a	egistered agent, or both, in the State on the state of the familiar with, and accept the obligat	of Florida, Such change was all ions of, Section 607.0505, Flor	utnorized by rida Statute:	tne corporati 3.	poration submits this statement for the purposion's board of directors. I hereby accept the a	ppointment as re	gistered
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered			Registered Age	nt signature requir	ed when reinstating) DAT ADDITIONS/CHANGES TO OFFICER:	·	PS IN 12
TITLE	VP OFFICERS AN	D DIRECTORS DELETE	1,1 TITLE		ADDITIONS/CHANGES TO CITICEIN	☐ Change	Addition
NAME	Jane MEGlamory	() DESC. 12	1.2 NAME			0-	_
STREET ADDRESS	•			T ADDRESS			1
CITY-ST-ZIP	l		1.4 CITY-5				
TITLE			2.1 TITLE	<u> </u>		☐ Change	Addition
NAME	Sidney Mt Glamma		2.2 NAME	1			1
STREET ADDRESS	Sidney M& Glamory 1175 JN. Monroe St. 221		2,3 STREE	T ADDRESS			
CITY-ST-ZIP			2, 4 CITY-	ST-ZIP .			
TITLE			3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS	<i>;</i>		3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE	☐ DELETE 4.1 T		4.1 TITLE	}		☐ Change	☐ Addition
NAME ,			4. 2 NAME				}
STREET ADDRESS	1		4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP			C & delicion
TITLE		. DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				İ
STREET ADDRESS	1		5.3 STREE	TADDRESS			

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

850 - 425-1900

☐ Addition

Change