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

Mailing Address

2511 W. JORDAN STREET

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000026712

Principal Place of Business

2511 W. JORDAN STREET

NAME

STREET ADORES

CITY-ST-ZIP

PANHANDLE PAINT & COLLISION, INC.

PENDAGOLA PE 32303		PENGROOCA TE 32500			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Q 03/20/1998	ualifed			
2. Principal Place of Business		2a. Mailing Address 26		4. FEI Nur iber 59-3498	795		<del></del>	ied For opplicable	
Suite, Ap:. #, etc.		Suite, Apt. #, etc.		5. Certifca e of Status Des	sired	\$8.75 Additional Fee Required			
City & State		City & State		6. Election Campaign Fina Trust Fund Contribution	_	\$5.00 May Be Added to Fees			
Zip	Count y Zip Cou		Countr	у .	8. This corporation owes the current year			;	No
24	25 29 30		30		Personal Property Tax.  10. Name and Address of New Regist		Ye		1140
<del></del>	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of	New Registered	Agent		
\A/INIF	DHAM, MICHAEL		*1	Name					
2511		82	Street Add	ress (P.O. Box Number is Not a	Acceptable)				
PEN	SACOLA FL 32505		83	3					
			84	4 City		FL	85	Zip Co	) le
agent. I a	registered agent, or both, in the State of manifer with, and accept the obligate Signature, typed or printed name of registered agent.	ions of, Section 607.0505, Flo	ida Statute	<b>S</b> .	ed when reinstating)	DATE			
12.			13.		ADDITIO \(\frac{1}{2}\)CHANGES	TO OFFICERS A			
TITLE	D	☐ DELETE	1.1 TITLE				□ CH	iange	☐ Addition
NAME	WINDHAM, MICHAEL		1.2 NAME						
STREET ADORES 3	2511 W. JORDAN STREET		13 STREE	ET ADDRESS					
CITY-ST-ZIP	PENSACOLA FL 32505		1.4 CITY-ST-ZIP						
TITLE	D DELETE 2.		2.1 TITLE				□ Cr	iange	Addition
NAME	7,1,10,1,10,10,10,10,10,10,10,10,10,10,10		2.2 NAME						
STREET ADDRES 3			2.3 STRE	ET ADDRESS					
CITY-ST-ZIP	PENSACOLA FL 32505	<del>_</del>	2. 4 CITY-	ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE				□ Ch	iange	☐ Addition
NAME			3.2 NAME	1					
STREET ADDRES 3	·.		3 3 STREI	ET ADDRESS					
CITY-ST-ZIP			3.4. CITY-						- C Addition
TITLE		☐ DELETE	4.1 TITLE				CH	nange	Addition
NAME			4 2 NAME						
STREET ADDRES 3				ET ADDRESS					
CITY-ST-ZIP			4 4 CITY-						Addition
TITLE		☐ DELETE	5.1 TITLE	1			CH	ange	☐ Addition
NAME			5.2 NAME	!					
STREET ADDRES 3				ET ADDRESS					
CITY-ST-ZIP			5.4 CITY- 6.1 TITLE						Addition
TITLE	1	□ D€LETE	6.1 HILE				□ Ch	ange	Addition

14. I hereby certify that the information supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further ce tify 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.

6.2 NAME

6 3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

8504342768

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90152 044 \*\*\*150.00

CR2E034 (11/98)