

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90038 008 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
--	---	---

**DOCUMENT # P98000035161**

1. Corporation Name

**OAK PLACE PAINT AND BODY SHOP, INC.**

Principal Place of Business	Mailing Address
630 OAK PLACE, P PORT ORANGE FL 32127	630 OAK PLACE, P PORT ORANGE FL 32127

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>SAME AS ABOVE</i>		2a. Mailing Address <i>Same as above</i>		3. Date Incorporated or Qualified <b>04/16/1998</b>
21. Suite, Apt. #, etc.	28. Suite, Apt. #, etc.	4. FEI Number <b>59-3509056</b>	Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23. Zip	26. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>PADGETT, JONATHAN R</b> <b>630 OAK PLACE, P</b> <b>PORT ORANGE FL 32127</b>		<b>81 Name</b> <i>PADGETT, BARBARA M.</i> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <i>630 OAK PLACE P</i> <b>83 City</b> <i>Port Orange</i> <b>FL</b> <b>84 Zip Code</b> <i>32127</i>	

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 *BARBARA M. PADGETT* *Barbara Padgett*  
Signature, typed or printed name of, registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<i>President -</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PADGETT, JONATHAN R</b>	1.2 NAME	<i>PADGETT, BARBARA M.</i>
STREET ADDRESS	<b>175 CONRAD STREET</b>	1.3 STREET ADDRESS	<i>895 Christy Dr.</i>
CITY-ST-ZIP	<b>ALLENDALE FL 32127</b>	1.4 CITY-ST-ZIP	<i>Port Orange, FL-32127</i>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PADGETT, SAM</b>	2.2 NAME	
STREET ADDRESS	<b>895 CHRISTY DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT ORANGE FL 32127</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LILLY, JAMES DEWEY</b>	3.2 NAME	
STREET ADDRESS	<b>218 HERBERT STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT ORANGE FL 32119</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Barbara M. Padgett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-77

904-3224370

CR2E034 (1/98)