

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 23, 1999 8:00 am**  
**Secretary of State**

09-23-1999 90008 024 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P98000040537** ✓

1. Corporation Name

**LES AND R AUTO COLLISION, PAINTING AND SALES, IN C.**

Principal Place of Business

Mailing Address

~~801 PEACHTREE STREET~~  
COCOA FL 32922

~~801 PEACHTREE STREET~~  
COCOA FL 32922



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/05/1998**

4. FEI Number

**69-3412299**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



**\$5.00** May Be Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, ALLEN L**  
**2087 SARNO ROAD**  
**MELBOURNE FL 32935**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **INMON, ROGER**  
STREET ADDRESS **989 WOODSMERE PARKWAY**  
CITY-STATE-ZIP **ROCKLEDGE FL 32955**

1.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **SEYMOUR, LESLIE**  
STREET ADDRESS **989 WOODSMERE PARKWAY**  
CITY-STATE-ZIP **ROCKLEDGE FL 32955**

1.2 NAME ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **SEYMOUR, LESLIE**  
STREET ADDRESS **989 WOODSMERE PARKWAY**  
CITY-STATE-ZIP **ROCKLEDGE FL 32955**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **SEYMOUR, LESLIE**  
STREET ADDRESS **989 WOODSMERE PARKWAY**  
CITY-STATE-ZIP **ROCKLEDGE FL 32955**

1.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **SEYMOUR, LESLIE**  
STREET ADDRESS **989 WOODSMERE PARKWAY**  
CITY-STATE-ZIP **ROCKLEDGE FL 32955**

2.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **SEYMOUR, LESLIE**  
STREET ADDRESS **989 WOODSMERE PARKWAY**  
CITY-STATE-ZIP **ROCKLEDGE FL 32955**

2.2 NAME ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **SEYMOUR, LESLIE**  
STREET ADDRESS **989 WOODSMERE PARKWAY**  
CITY-STATE-ZIP **ROCKLEDGE FL 32955**

2.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **SEYMOUR, LESLIE**  
STREET ADDRESS **989 WOODSMERE PARKWAY**  
CITY-STATE-ZIP **ROCKLEDGE FL 32955**

2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **SEYMOUR, LESLIE**  
STREET ADDRESS **989 WOODSMERE PARKWAY**  
CITY-STATE-ZIP **ROCKLEDGE FL 32955**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

MILLER, MILLER & ASSOCIATES

619280-98008-24  
998000040537

*Tax and Accounting Service*

ALLEN MILLER  
(407) 259-7704

2087 Sarno Road  
Melbourne, FL 32935

MARGE MILLER  
(407) 259-7566

September 13, 1999

Annual Reports Filings  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Less & R Auto Collision,  
Painting and Sales Inc.  
59-3512299

Gentlemen:

The attached corporate renewal has been sent to your office twice but was returned to sender due to various problems, first time no EIN and the second the payment check was not sent back.

We are requesting, as this is the first time for the company's renewal, that the penalties be waived. Efforts to renew were done so it was not simply an oversight on the corporations part.

Accordingly, we have placed a check in the amount of \$150.00 to pay for the first year renewal.

Thank you for your help and attention to this matter.

Sincerely,



Allen L. Miller, E.A., P.A.  
Tax Accountant

cc: file  
client

PS Please note: new address- 200 Poinsett Drive  
Cocoa, FL 32922