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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 AM 11:29

DOCUMENT # S05749 (4)

1. Corporation Name
WALLER COLLISION SERVICES, INC.

Principal Place of Business	Mailing Address
2120 HWY 16 ST. AUGUSTINE FL 32095	2120 HWY 16 ST. AUGUSTINE FL 32095

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/10/1990
3a. Date of Last Report: 02/11/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-3032805 ☐ Applied For ☐ Not Applicable

Suite, Apt. # etc. (22) (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip (24) County (25) Zip (29) County (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

WALLER, MICHAEL D
2120 HWY 16
ST AUGUSTINE FL 32095

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS IN 12
PD WALLER, MICHAEL D 2120 HWY 16 ST AUGUSTINE FL	☐ Change ☐ Addition
VD WALLER, LAURA J. 2120 S. R. 16 ST. AUGUSTINE FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. To the best of my knowledge, all the information required to be reported in the 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 a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that this form complies with the requirements of that chapter. I am aware that any false information submitted in a document to the Department of State for the purpose of obtaining or maintaining authorization to transact business in Florida is a third degree felony as provided for in S. 817.155, Florida Statutes.

SIGNATURE: M. D. Waller 1/10/95 904-829-3769

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael D. Waller

0007404 CP