FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

DOCUMENT # **S43725** **(8)**

1. CORPORATE NAME

CAPITAL CITY COLLISION CENTER, INC.

PRINCIPAL OFFICE ADDRESS

1320 LAKE BRADFORD RD.
TALLAHASSEE FL 32304-4741

MAILING ADDRESS

1320 LAKE BRADFORD RD.
TALLAHASSEE FL 32304-4741

3. Date Incorporated or Qualified: 04/08/1991

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business

21

Suite Apt. #

22

City & State

23

Zip

24 25

2a. Mailing Address

26

Suite Apt. #

27

City & State

28

Zip

29 30

4. FEI Number: 59-3070994 — Applied For / Not Applicable

5. Certificate of Status (Issued) — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees

8. The corporation has made an election under S. 199.032 Florida Statutes.

9. Name and Address of Current Registered Agent

HOLLON, DANNY CHARLES
1320 LAKE BRADFORD RD.
TALLAHASSEE FL 32310

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 section 607.0505 of the Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida and the street address of the registered office and the name of the registered agent of the corporation at the street address of its registered office in Florida are as indicated below.

SIGNATURE: Danny C Hollon — Danny Charles Hollon — 4-20-95

12. OFFICERS AND DIRECTORS

TITLE: D VICE President
NAME: HOLLON, DANNY SCOTT
ADDRESS: 1409 W HEAVEN DR.
CITY: TALLAHASSEE FL

TITLE: Secretary
NAME: LARRY Landgraff
ADDRESS: 1810 Lake Bradford Rd.
CITY: Tallahassee, Fl. 32304

TITLE: TREASURER
NAME: DANNY C. Hollon
ADDRESS: 5055 Circle Hill
CITY: Tallahassee, Fl. 32303

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is complete, accurate and does not conceal or misrepresent the identity of the officers and directors. I further certify that the information indicated on 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 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 above, or on attachments hereto, is indicated as such with an asterisk.

SIGNATURE: Danny C Hollon — Danny C Hollon — 4-20-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0029832 CP