FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # S43725 (8) 1. Corporation Name					
CAPIT	TAL CITY COLLISION CENT	TER, INC.			
Principal Place of Business Mailing Address				·	
1320 LAKE BRADFORD RD. 1320 LAKE E		1320 LAKE BRADFO	RD RD.		
TALLAHASSEE FL 32304-4741 TALLAHASSEE FL 32304-					
				3. Date incorporated or Qualified 04/08/1991	3a. Date of Last Report 05/01/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3070994	Not Applicable
Suite, Apt. #, etc.		Suite, Ap: #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	□ \$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zιρ	Country	Zip	Country	8. This corporation has liability for	
24	25	[29]	30	L	□ No
	9. Name and Address of Curren	t Hegisterea Agent	81 Name	10. Name and Address of New F	egistered Agent
HOLLO	NI DANNY CHADIES			HOLON, DANNY	. C
HOLLON, DANNY CHARLES 1320 LAKE BRADFORD RD.			82 Street Ad	dress (P.O. Box Number is Not Acceptate	J e)
TALLAHASSEE FL 32310			83	ACIGE AIT.	<u></u>
			84 City		85 Zin Code
			T_{i}	Alphasee	FL 2303
or registere	o the provisions of Sections 607.0502 ad agent, or both, in the State of Floric u, and accept the obligations of, Secti	da. Such change was authorize	is, the above-named corporation's bo	oration submits this statement for the pur and of directors. I hereby accept the app	pose of changing its registered office of timent as registered agent. I am
SIGNATURE.	Signifiers, typica or pimoso i ame of registered agent	and the second second			
12.	OFFICERS AND	···	 Bigg Ters (Agrof Signature ress) 13. 	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	DVP	☐ DELETE	1 1 1116	7,551,161,161,161,161,161,161,161,161,161	Change Addition
NAME	HOLLON, DANNY SCOTT		1.2 NAME		
STREET ADDRESS	1409 W HEAVEN DR.		1.3 STREET ADDRESS		
C(TY-ST-ZIP	TALLAHASSEE FL		1.4 C(TY - ST - Z(F)		
TITLE	\$	□ DELETE	2 1 TITLE		Change 🔲 Addition
NAME	LANDRAM, LARRY		2 2 NAME		
STREET ADDRESS	1810 LK BRADFORD RD TALLAHASSEE FL		2.3 STREET ADDRESS		
TITLE	T Hollow	DELETE	2 4 C(1Y - S) ZIP 3 1 T(LE		Change Addition
NAME	HLLEN, DANNY C	Pour	3 2 NAME		Change L Addition
STREET ADORESS	5055 ICICLE HILL		3.3 STREET ADDRESS		
C(1Y+ST+Z)P	TALLAHASSEE FL		34 City St ZiP		
TITLE		☐ DELETE	4 1 TILLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
THILE		☐ DELETE.	5 1 TOLE		Change Addition
NAME CIRCL ADODESS			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	WW. 1. 14	DELETE	5.4 CHY - ST - ZIP 6.1 TITLE		Change Addition
NAME		_ beecie	62 NAME		C Shange C Reduited
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6 4 CITY - ST - ZIP		

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my's gnature 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 13 if changed, or on an attachment with an address

SIGNATURE: (A) TO THE NAME OF SIGNING OFFICER OF DIRECTOR

2-29-96 904575-9202

CR2E034 (12/95)