FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandre B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S44556

(6)

FERENC'S AUTO REFINISHINGS, INC.

FILED	
May 04 1998 8:00ar	n
Secretary of State	



Principal Place of Business Mailing Address 1221-B N HWY 41 1221-B N HWY 41 INVERNESS FL 34450 INVERNESS FL 34450 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/08/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1105 N. Chance Way 59-3059824 1105 N. Chance Way Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Inverness, 23 Inverness, F1 Fl Trust Fund Contribution Added to Fees Country Country Zip Zip 8. This corporation owes or has paid the current year Intangible 24 34453 US 34453 US X Yes 25 Personal Property Tax due June 30. 29 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FERENC, DAVID J. 1105 N CHANCE WAY Street Address (P.O. Box Number is Not Acceptable) INVERNESS FL 34453 83 Zip Code 84 City 85 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 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE TITLE FERENC, DAVID J 12 NAME NAME 1105 N CHANCE WAY 1.3 STREET ADDRESS STREET ADDRESS INVERNESS FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change ☐ Addition 2.1 TITLE TOTLE NAME FERENC, SHIRLEY J 2.2 NAME STREET ADDRESS 1105 N CHANCE WAY 2.3 STREET ADDRESS INVERNESS FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE Change Addition 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP Change DELETE 4.1 THTLE ☐ Addition TITLE 4 2 NAME NAME 4.3 STREET ADORESS STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 supplimental 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 of 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:

4/27/98

726-3646