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

NAME

STREET ADDRESS

Block 12 or Block 13 if

Apr 13 1998 8:00am **PROFIT** LLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** S52795 PERFORMANCE DETAILING & TINTING, INC. Principal Place of Business Mailing Address 3951 MERCAUTILE AVE 3951 MERCANTILE AVE UNIT H UNIT H NAPLES FL 33942 NAPLES FL 33942 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/13/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0263448 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 П Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible □ No 24 Personal Property Tax due June 30, 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 NEALE, PATRICK H. Name 48 TEMPLEWOOD CT 82 Street Address (P.O. Box Number is Not Acceptable) MARCO ISLAND FL 33937 83 84 City Zip Code 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 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ☐ Addition TITLE 1.1 DILE BALLENGER, IVY 1.2 NAME NAME **756 PELICAN COURT** STREET ADDRESS 1.3 STREET ADDRESS MARCO ISLAND FL CITY-ST-ZIP 1.4 CiTY - \$1 - ZIP DELFTE Change Addition TITLE 2.1 TITLE BALLENGER, RICHARD NAME 2.2 NAME 1290 BLUEBIRD AVE STREET ADDRESS 2.3 STREET ADDRESS MARCO ISLAND FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE BALLENGER, CHARLENE 3.2 NAME NAME 1290 BLUEBIRD AVE STREET ADDRESS 3.3 STREET ADDRESS MARCO ISLAND FL CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition 4.1 TITLE TIFLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 51 TITLE TITLE NAME **5.2 NAME** 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 C(1Y - ST - Z(P

14. Thereby 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 early 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

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