

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

'95 APR 27 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S53640 (6)

1. Corporation Name

MARKUS CUSTOM PAINT AND BODY SHOP, INC.

Principal Place of Business

16887 W. GOLDCUP DRIVE
LOXAHATCHEE FL 33470

Mailing Address

16887 W. GOLDCUP DRIVE
LOXAHATCHEE FL 33470

206 10th Street
Lake Park Fla. 33403

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1991

3a. Date of Last Report

04/25/1994

4. FEI Number

65-0292386

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under § 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

206 10th Street

2a. Mailing Address

206 10th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

Lake Park, Florida

City & State

Lake Park, Florida

24

25

29

30

33403

Country

33403

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JUCKETT, MARK R.
C/O MARKUS CUSTOM PAINT
206 TENTH STREET
LAKE PARK FL 33403

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

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME JUCKETT, MARK R
STREET ADDRESS 16887 W GOLDCUP DR
CITY ST ZIP LOXAHATCHEE FL

11 TITLE DIRECTOR & PRESIDENT ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

TITLE D
NAME JUCKETT, DEBRA A
STREET ADDRESS 16887 W GOLDCUP DR
CITY ST ZIP LOXAHATCHEE FL

21 TITLE VICE PRESIDENT & DIRECTOR ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE SECRETARY/TREASURER ☒ Change ☒ Addition
32 NAME MARY ANN JUCKETT
33 STREET ADDRESS 217 EAST PALM CIRCLE
34 CITY ST ZIP W. PALM BEACH, FL 33411

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

14. I 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 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 in Block 12 or 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary & Treasurer

4/24/95

407-863-7267