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

PROFIT CORPORATION ANNUAL REPORT 1998

Suite, Apt. #, etc.

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S57661 (8)

Suite, Apt. #, etc.

City & State

AUTO TRIM DESIGN OF MID-WEST FLORIDA, INC.

Country

9. Name and Address of Current Registered Agent

25

9812 US HWY 19 NORTH

PORT RICHEY FL 34688

DODDS, JAMES

Principal Place of Business	Mailing Address	
9812 US HWY 19 N PORT RICHEY FL 34668	9812 US HWY 19 N PORT RICHEY FL 34668	
2. Principal Place of Business	2a. Mailing Address	

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FILED Feb 05 1998 8:00am Secretary of State



This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes Yes

Not Applicable

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/03/1991

4. FEI Number

59-3072426

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

Street Address (P.O. Box Number is Not Acceptable)

			84	City		F	85	Zip C	ode	
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 little if applicable. (NOTE, Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND DIRECTORS		13.	in Digitalian		ES TO OFFICERS AN	D DIREC	TORS	S IN 12	
TITLE	p	☐ DELETE	1.1 TITLE			<u> </u>	Cha		Addition	
NAME	DODDS, BARBARA J		1.2 NAME	ł	F	N		-		
STREET ADDRESS	9030 CRABTREE LANE	_	1.3 STREET	ADDRESS	8903 Roble	e way				
CITY-ST-ZIP	PORT RICHEY FL Address	change	1.4 CITY - S'	- 1	8903 Roble Port Rich	veu F.L.				
TITLE	V	DELETE	2.1 TITLE			` 	Cha	inge	Addition	
NAME	DODDS, MICHAEL D.		2.2 NAME							
STREET ADDRESS	8014 BEAVER CREEK LOOP		2.3 STREET	ADDRESS						
CITY-ST-ZIP	BAYONET POINT FL		2.4 CITY-5	T-ZIP					j	
TITLE	V	☐ DELETE	3.1 TITLE		<u> </u>		Cha	nge	☐ Addition	
NAME	DODDS, JON R.		32 NAME							
STREET ADDRESS	647-C YORKSHIRE CT		3.3 STREET	ADDRESS					Ì	
CITY-ST-ZIP	SAFETY HARBOR FL		3.4. ÇITY-S	T-ZIP						
TITLE		☐ DELETE	4.1 TITLE				Cha	nge	Addition	
NAME]			4. 2 NAME	ļ					1	
STREET ADDRESS			4.3 STREET	ADDRESS						
CITY-ST-ZIP			4.4 CITY - S'	r-zip						
TITLE		☐ DELETE	5.1 TITLE				Cha	nge	Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET	address						
City-St-ZIP			5.4 CITY-S	r-zip						
TITLE		☐ DELETE	6.1 TAILE				Cha	nge	Addition	
NAME			6.2 NAME	,						
STREET ADORESS			6.3 STREET	ADDRESS						
CITY - SY - ZIP			6.4 CITY-S							
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 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 Block 13 if changed, or on an attachment with an address.										

Country