FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S71887** **(1)**

1. Corporation Name
AUTOMOTIVE DENT SPECIALISTS, INC.

Principal Place of Business	Mailing Address
ONE SAN JOSE PL #22 JACKSONVILLE FL 32257	ONE SAN JOSE PL #22 JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/02/1991**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business	2a. Mailing Address
21 One San Jose Place	26 One San Jose Place
Suite, Apt. #, etc. 22 Suite #1	Suite, Apt. #, etc. 27 Suite #1
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip / Country 24 32257 / 25 Duval	Zip / Country 29 32257 / 30 Duval

4. FEI Number: **59-3081523** ☐ 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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SLOTT, ARNOLD H. 334 E DUVAL ST JACKSONVILLE FL 32202	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DP	☒ Change ☐ Addition
NAME	BLOCK, ANDREW M.	12 NAME	Block, Andrew M.	
STREET ADDRESS	ONE SAN JOSE PL #22	13 STREET ADDRESS	One San Jose Place, Suite 1	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	Jacksonville, Florida 32257	
TITLE	DVT	21 TITLE	DVT	☒ Change ☐ Addition
NAME	BLOCK, WILLIAM A.	22 NAME	Block, William A.	
STREET ADDRESS	ONE SAN JOSE PL #22	23 STREET ADDRESS	One San Jose Place, Suite 1	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Jacksonville, Florida 32257	
TITLE	S	31 TITLE	S	☒ Change ☐ Addition
NAME	BLOCK, BEVERLY	32 NAME	Block, Beverly	
STREET ADDRESS	ONE SAN JOSE PL #22	33 STREET ADDRESS	One San Jose Place, Suite 1	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	Jacksonville, Florida 32257	
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	BLOCK, JEFFREY L.	42 NAME	Block, Jeffrey L.	
STREET ADDRESS	1 SAN JOSE PLACE #22	43 STREET ADDRESS	One San Jose Place, Suite 1	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	Jacksonville, Florida 32257	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: _____ 4/6/95 904-268-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000124 CP