

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED) MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V04695** (5)

1. Corporation Name

DEALER'S CHOICE AUTO TOUCH UP INC.



Principal Place of Business

Mailing Address

ROUTE 1 BOX 24
24 SASSER RD.
ZOLFO SPRINGS FL 33890
US

P. O. BOX 508
ZOLFO SPRINGS FL 33890
US

3. Date Incorporated or Qualified

01/01/1992

3a. Date of Last Report

08/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0304366

Applied For

Not Applicable

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

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

WELLS, JAY
24 SASSER RD.
ZOLFO SPRINGS FL 33890

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME C
STREET ADDRESS WELLS, JAY
CITY - ST - ZIP 24 SASSER ROAD, RT. #1
ZOLFO SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11 TITLE
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51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JAY E. WELLS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-7-96

(41) 735-2222

CR2E034 (3/96)