FILED
Sep 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

33441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/01/1992**	3a. Date of Last Report **08/12/1996**

2. Principal Place of Business
21 *3344 Merle Hanaford Road*

2a. Mailing Address

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 *Zolfo Springs*   28 City & State *Florida*

6. Election Campaign Financing
Trust Fund Contribution ☐ | **$5.00** May Be Added to Fees

24 Zip *33890* 25 Country *USA*   29 Zip   30 Country *HARDEE*

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

WELLS, JAY
24 SASSER RD.
ZOLFO SPRINGS FL 33890

10. Name and Address of New Registered Agent

81	Name *JAY WELLS*
82	Street Address (P.O. Box Number is Not Acceptable) *3344*
83	*Merle Hanaford Road*
84	City *Zolfo Springs* FL 85 Zip Code *33890*

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 *Jay L. Wells*   *Jay E Wells*   *9-14-97*
Signature, type 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	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WELLS, JAY		1.2 NAME	*3344*	
STREET ADDRESS	24 SASSER ROAD, RT. #1		1.3 STREET ADDRESS		
CITY-ST-ZIP	ZOLFO SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: *Jay E Wells*   *Jay E Wells*   *9-14-97*

CR2E034 (4/97)