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

CITY-ST-ZIP

officer or director of the corporation or the recei Block 12 or Block 13 if changed, or on an attac

FILED FLORIDA DEPARTMENT OF STATE **PROFIT** Jun 22 1998 8:00am CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # WHITE'S PAINT AND BODY, INC. Principal Place of Business Mailing Address 420 1ST STREET 420 1ST STREET VERO BEACH FL 32960 VERO BEACH FL 32960 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/25/1992 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-3153744 21 26 \$8.75 Additional Suite, Apt. #. etc Suite. Apt. #, etc 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible Zip Country Personal Property Tax due June 30. Yes Пио 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WHITE, JOHN 420 1ST STREET Street Address (P.O. Box Number is Not Acceptable) 82 VERO BEACH FL 32960 Zip Code City 85 l 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typest or poot of nonle of regalithed agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OLLICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change 11 TITLE WHITE, JOHN NAME 1.2 NAME **420 IST STREET** STREET ADDRESS 1.3 STREET ADDRESS **VERO BEACH FL** CITY-ST-ZIP 14 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 2 1 HILE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 THLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DECETE TITLE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY+ST-ZIP DELETE Change Addition TITLE 5.1.10LE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 61 TITLE NAME 6.2 NAME -06/23/93-+61021++0**1**0 STREET ADDRESS 6.3 STREET ADDRESS **非米米1**500、75

14. Thereby certify that the information supplied with this filing gives not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information detection this annual report or supplemental angular report is true and accurate and that my signature shall have the same legal effect as it made under oath; this?) am a officer or director of the corporation or the received of makes equipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears to the corporation or the received of the corporation of the corporation or the received of the corporation or the received of the corporation o