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 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V62091 (6)

1. Corporation Name
B & J'S BUS & COACH UPHOLSTERY, INC.

Principal Place of Business
317 E PEARL ST
CLERMONT FL 34711

Mailing Address
317 E PEARL ST
CLERMONT FL 34711

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/04/1992
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-3144975 ☐ 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

2. Principal Place of Business
21 B+J's Bus+Coach Uph
Suite, Apt #, etc.
22 904 JAN MAR Ct Ste E
City & State
23 CLERMONT FL
Zip
24 34711
Country
25 USA

2a. Mailing Address
26 B+J's Busand Coach Uph.
Suite, Apt #, etc.
27 904 Jan Mar Ct. Ste E
City & State
28 CLERMONT FL
Zip
29 34711
Country
30 USA

9. **Name and Address of Current Registered Agent**
FERRI, BARBARA E.
317 E PEARL ST
CLERMONT FL 34711

10. **Name and Address of New Registered Agent**
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 sections 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE: PS
NAME: FERRI, BARBARA E.
STREET ADDRESS: 317 E PEARL ST
CITY-ST-ZIP: CLERMONT FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition

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)(a), 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: *Barbara Ferri* BARBARA E FERRI 4/10/95 904-242-0081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR