

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V64693 (7)**

1. Corporation Name
BUCHHOLZ FRAME AND BODYSHOP, INC.



Principal Place of Business: **11 N.E. 23RD AVENUE GAINESVILLE FL 32609**
Mailing Address: **11 N.E. 23RD AVENUE GAINESVILLE FL 32609**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 <i>2208 N.W. 71st Pl</i>		26 <i>2208 N.W. 71st Pl</i>		09/15/1992	02/09/1995
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 <i>Gainesville, FL</i>		28 <i>Gainesville, FL</i>		59-3142316	Not Applicable
24 <i>32653</i>	25 <i>Alachua</i>	29 <i>32653</i>	30 <i>Alachua</i>	5. Certificate of Status Desired	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BUCHHOLZ, LEROY HUGO, JR. 3941 NW 67TH PLACE GAINESVILLE FL 32653				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	<i>2208 N.W. 71st Pl</i>
				83 City	<i>Gainesville</i>
				84 State	FL
				85 Zip Code	<i>32653</i>

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: _____
(NOTE: Reg. Agent Signature required for this filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHHOLZ, LEROY HUGO, JR.	1.2 NAME	
STREET ADDRESS	3941 NW 67TH PLACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHHOLZ, LORETTA P.	2.2 NAME	
STREET ADDRESS	3941 NW 67TH PLACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHHOLZ, BRADLEY ALLEN	3.2 NAME	NO LONGER AN OFFICER
STREET ADDRESS	3941 NW 67TH PLACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Leroy H. Buchholz, Jr.* DATE: *4-1-96*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Outgoing Phone # *904-373-6890*

CR2E034 (12/95)