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May 06 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 # **V67557** (1)

1. Corporation Name
CENTRAL FLORIDA COLLISION CENTERS, INC.

Principal Place of Business

**2401 DINNEEN AVE.
ORLANDO FL 32804
US**

Mailing Address

**2401 DINNEEN AVE.
ORLANDO FL 32804-4203
US**



2. Principal Place of Business

21 Same
Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Same
Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

09/30/1992

3a. Date of Last Report

04/17/1996

4. FEI Number

59-3147410

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

9. Name and Address of Current Registered Agent

**JOHNSON, ROY A
112 APPLE BLOSSOM COURT
ORLANDO FL 32807**

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, Section 607.0505, Florida Statutes.

SIGNATURE Roy A Johnson

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-1-97

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	JOHNSON, ROY A	112 APPLE BLOSSOM CT	ORLANDO FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
President		1540 Sunshine Tree Blvd	Long Wood FL 32779	<input type="checkbox"/>	<input type="checkbox"/>
Secretary		Beth Emmons	5322 Effie Drive	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Apopka FL 32712		<input type="checkbox"/>	<input type="checkbox"/>
President		Patrick Depaepe	3461 Cimarron Drive	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Orlando FL 32829		<input type="checkbox"/>	<input type="checkbox"/>
Vice President		Clifford Sarvis	4519 W Concord Street	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Orlando FL 32808		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-97

DATE

407-295-6006

DAYTIME PHONE #

CR2E034 (9/96)