FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

9:15

FLORIDA

DOCUMENT # **V73245** **(5)**

1. Corporate Name

MANDARIN COLLISION CENTER, INC.

Principal Place of Business:
9003 PHILLIPS HIGHWAY
JACKSONVILLE FL 32256

Mailing Address:
9003 PHILLIPS HIGHWAY
JACKSONVILLE FL 32256

2. Principal Place of Business: 21 / 22 Suite, Apt. # etc. / 23 City & State / 24 / 25 Zip
2a. Mailing Address: 26 / 27 Suite, Apt. # etc. / 28 City & State / 29 / 30 Zip

3. Date Incorporated or Qualified: 10/19/1992
3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-3144491 — 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 is liable for intangible tax under S. 199 (Florida Statutes) — Yes / No

9. Name and Address of Current Registered Agent

CANNADY, ELTON
9003 PHILLIPS HWY.
JACKSONVILLE FL 32256

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 617.0502, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INFO.
TITLE	P	Change / Addition
NAME	CANNADY, ELTON	
STREET ADDRESS	5268 LOURCEY RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I the undersigned, 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 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: Dawn Jarman DAWN JARMAN 5/4/95 (904) 464-8860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0021722 CP