

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V73598** (7)

1. Corporation Name
REGENCY AUTO BODY, INC.



Principal Place of Business: **4615 N HUBERT AVE TAMPA FL 33614**
Mailing Address: **4615 N HUBERT AVE TAMPA FL 33614**

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

3. Date Incorporated or Qualified: **10/21/1992**
3a. Date of Last Report: **06/19/1995**
4. FEI Number: **59-3147261** 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. 193.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**BROWN, RICHARD
4615 N HUBERT AVE
TAMPA FL 33614**

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 607.1503, 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: [] Signature Specified in s. 607.1503, Florida Statutes: [] Date: []

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	D BROWN, RICHARD	1. TITLE	[] Change [] Addition
NAME	4615 N HUBERT AVE	2. NAME	[] Change [] Addition
STREET ADDRESS	TAMPA FL	13. STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	[] DELETE	14. CITY-ST-ZIP	[] Change [] Addition
TITLE	[] DELETE	21. TITLE	[] Change [] Addition
NAME	[] DELETE	22. NAME	[] Change [] Addition
STREET ADDRESS	[] DELETE	23. STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	[] DELETE	24. CITY-ST-ZIP	[] Change [] Addition
TITLE	[] DELETE	31. TITLE	[] Change [] Addition
NAME	[] DELETE	32. NAME	[] Change [] Addition
STREET ADDRESS	[] DELETE	33. STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	[] DELETE	34. CITY-ST-ZIP	[] Change [] Addition
TITLE	[] DELETE	41. TITLE	[] Change [] Addition
NAME	[] DELETE	42. NAME	[] Change [] Addition
STREET ADDRESS	[] DELETE	43. STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	[] DELETE	44. CITY-ST-ZIP	[] Change [] Addition
TITLE	[] DELETE	51. TITLE	[] Change [] Addition
NAME	[] DELETE	52. NAME	[] Change [] Addition
STREET ADDRESS	[] DELETE	53. STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	[] DELETE	54. CITY-ST-ZIP	[] Change [] Addition
TITLE	[] DELETE	61. TITLE	[] Change [] Addition
NAME	[] DELETE	62. NAME	[] Change [] Addition
STREET ADDRESS	[] DELETE	63. STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	[] DELETE	64. CITY-ST-ZIP	[] 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(1)(b), Florida Statutes. I further certify that the information indicated in 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 the 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: *Richard A. Brown*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-96 813-8775389
Date Filed Office Phone #

CR2E034 (12/95)