

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90003 014 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **475351**
 1. Corporation Name
A-1 AUTO BODY & SALES, INC.



Principal Place of Business: 4211 KINGS HIGHWAY, 23330 HARBOR VIEW RD, CHARLOTTE HARBOR FL 33980 US
 Mailing Address: 23330 HARBOR VIEW RD, CHARLOTTE HARBOR FL 33980 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **23330 HARBOR VIEW RD**
 Suite, Apt. #, etc. **1-B**
 City & State **CHARLOTTE HARBOR FL**
 Zip **33980** Country **USA**

3. Date Incorporated or Qualified: **05/07/1975**
 4. FEI Number: **59-1831958**
 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 owes the current year Intangible Personal Property: Yes No

9. Name and Address of Current Registered Agent
ORTHOUSE, GEORGE G
106 SE SINCLAIR ST.
PT. CHARLOTTE FL 33852

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | PST <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ORTHOUSE, GEORGE G | 1.2 NAME | |
| STREET ADDRESS | 4211 KINGS HIGHWAY | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHARLOTTE FL | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)

475351

588530-9000 3-14

~~1-888-771-9276~~

TRIUMPH AUTO GLASS

FORT MYERS, FLORIDA

7/1-99

To: Fla Div of Corporations
From: A-1 Auto Body + Sales Inc

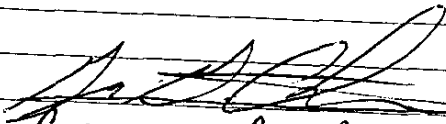
Enclosed is 2nd notice Corp. Annual Report and our check for \$150.00

We never received the original report - Apparently the report was sent to the old address of 4211 King Hwy.

Our correct business address and mailing address is 2330 Harborview Rd
Charlotte Harbor, Fla 33980

We appreciate your cooperation in this matter as we feel it was a problem with the mailing address

I thank you.



GEORGE G. ORHOUSE - PRES

MOBILE SERVICE- WE COME TO YOU!
FOR BRANCHES THROUGHOUT THE ENTIRE EASTERN AND MID-WESTERN
UNITED STATES - SEE BACK PANEL