FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 5-1-95

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

6 575 5 C

APPROVED AND FILED

95 MAY -1 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M65075** (7)

1. Corporation Name

J. C. AUTOMOTIVE SERVICE, INC.

Principal Place of Business	Mailing Address
% JOSEPH CONTI 6101 NINTH ST. S. ST. PETERSBURG FL 33705	% JOSEPH CONTI 6101 NINTH ST. S. ST. PETERSBURG FL 33705

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/19/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 6101 - 9th St S.
22 Suite, Apt. #, etc.:
23 City & State: St. Petersburg, FL
24 Zip: 33705 25 Country:

2a. Mailing Address
26: 6101 - 9th St S.
27 Suite, Apt. #, etc.:
28 City & State: St. Petersburg FL
29 Zip: 33705 30 Country:

4. FEI Number: 59-2863711 ☐ 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

CONTI, JOSEPH
6101 NINTH ST. S.
ST. PETERSBURG FL 33705

10. Name and Address of New Registered Agent

81 Name: John Celona
82 Street Address (P.O. Box Number is Not Acceptable): 6101 - 9th St. S.
83
84 City: St. Petersburg **FL** 85 Zip Code: 33705

11. Pursuant to the provision of Sections 607.0502 and 607.0508, 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: X _____ President 4-27-95
Signature of new registered agent, if appointed — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	CELONA, ANTHONY J.	12 NAME	
STREET ADDRESS	6101 NINTH ST. S.	13 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	14 CITY ST ZIP	
TITLE	PDA	21 TITLE	☐ Change ☐ Addition
NAME	CONTI, JOSEPH A.	22 NAME	
STREET ADDRESS	6101 NINTH ST. S.	23 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	24 CITY ST ZIP	
TITLE	STV	31 TITLE	☐ Change ☐ Addition
NAME	CELONA, JOHN J.	32 NAME	
STREET ADDRESS	6101 NINTH ST. S.	33 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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: X _____ John J. Celona 4-27-95 813-866-0044
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0310670 CP