FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mar 13 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE Secretary of State CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # M65075 J. C. AUTOMOTIVE SERVICE, INC. Principal Place of Business Mailing Address 6101 SOUTH 9TH STREET 6101 SOUTH 9TH STREET ST. PETERSBURG FL 33705 6101 NINTH ST. S. ST. PETERSBURG FL 33705-5606 3. Date Incorporated or Qualified 3a. Date of Last Report 01/19/1988 04/30/1996 2. Principal Place of Business 2a. Mailing Address 4. FFI Number Applied For 59-2863711 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution \square 28 Added to Fees Zip Country Country 8. This corporation has liability for injungible tax under s. 199.032, Florida Statutes Yes \(\sigma\) Yes \(\sigma\) No 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Namo CELONA, JOHN 8101 NINTH ST. S. Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33705 83 84 City 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 Stonature, typed or printed name of registered agent and title if applicable Registered Agent signature required 12, OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DEFELE TITLE 1.1 TITLE Change Addition CELONA, ANTHONY J. NAME 1.2 NAME B101 NINTH ST. S. STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 11/16 LUCAS, JON A. NAME 2.2 NAME 6101 9TH STREET S. STREET ADDRESS 2.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE CELONA, JOHN J. NAME 3.2 NAME 6101 NINTH ST. S. STREET ADDRESS 3.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELLTE Change Addition TITLE 4.1 7018 CELONA, KIMBERLY S. NAME 4 2 NAME 6101 9TH STREET S. STREET ADDRESS 4.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 4.4 C(1Y - S1 - ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

16.1 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 eath, 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:

SIGNAT

6.3 STREET ADDRESS 64 CHTY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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