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PROFIT . CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M65075

STREET ADDRESS

CITY-ST-ZIP

J. C. AUTOMOTIVE SERVICE, INC.

Principal Plac	e of Business	Mailing Address				- (1 00 10 0 1111101	DIIBA BIRI BBIIL	8881 BILL BIRS	I DIBNI DIBNI DIBNI	OLBIL OHOLI LOOK
6101 SOUTH 9TH STREET 6101 SOUTH 9TH STREET										
ST. PETERSBURG FL 33705 6101 NINTH ST. S.										
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		US				3. Date Incorporate	d or Qualifed	i		
						01/19/1988				
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number			Ar	oplied For
21		26				59-2863711			No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Sta	tus Desired		,	Additional
22	· · · · · · · · · · · · · · · · · · ·	27								equired
City & Stat	te ,	City & State				6. Election Campai				May Be
23	* * *	28				Trust Fund Cont	•			to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation		rrent year l		
24	25	[29]	30			Personal Proper			X Yes	□No
•	9. Name and Address of Curre			81 Na		10. Name and Add	ress of New	Registere	d Agent	
CEL	CALA IOLIAI	and the second s		OI NE	ime					1
ે ે હાં <u>ત</u>	NINTH ST. S.		•	82 St	reet Addre	ss (P.O. Box Number	is Not Accep	table)		[
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. Ji.	FETENOBUNG FE 33703			83						
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11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Statute	es, the at	ove-nai	ned corpo	ration submits this stat	ement for the	purpose o	of changing its	registered
Office of t	registered agent, or both, in the state	: Di Fibliua. Subil bilaliue was al								
- J∵agent. Ia	im familiar with, and accept the obliga-	ations of, Section 607.0505, Flor	rida Statu	tes.	corporation		,			3.0.0.00
•	m familiar with, and accept the obliga	ations of, Section 607.0505, Flor	rida Statu	tes.	зогрогаціог	10 000,0 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,	,			3 .3.3.2
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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 coporation 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

727-866-0044

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90062 035 ***150.00