

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 6/30/94: (\$23) (IF DISSOLVED, REMAINING AMOUNT DUE TO REINSTATE: (\$75))**

**PROFIT CORPORATION ANNUAL REPORT**



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

1995 7-18-95 8-18-95

**FILED**

95 JUL 18 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # P94000055022 (5)**

1. Corporation Name

**BOBBY JACK'S AFFORDABLE CARS, INC.**

Principal Place of Business

765 LONGWOOD MARKHAM RD.  
SANFORD FL 32771

Mailing Address

765 LONGWOOD MARKHAM RD.  
SANFORD FL 32771

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/25/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suits, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suits, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-325-6500

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

**CORPORATION INFORMATION SERVICES INC.**  
1201 HAYS ST.  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name **DAVID ROBISON**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3720 Old Winter Garden Rd.**  
83  
84 City **ORLANDO** FL 85 Zip Code **32805**

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

*David Robison*

7-13-95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **President**  
NAME **DAVID ROBISON**  
STREET ADDRESS **765 Longwood Markham Rd.**  
CITY-ST-ZIP **SANFORD FLORIDA 32805**

TITLE **Bob Robison**  
NAME **Bob Robison**  
STREET ADDRESS **V.P. 13843 Pleasant Valley Dr**  
CITY-ST-ZIP **JACKSONVILLE FLORIDA 32225**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Secretary**  Change  Addition  
1.2 NAME **Mary Robison**  
1.3 STREET ADDRESS **765 Longwood Markham Rd.**  
1.4 CITY-ST-ZIP **SANFORD FLORIDA 32805**

2.1 TITLE **Betty Ann Robison**  Change  Addition  
2.2 NAME **Controller.**  
2.3 STREET ADDRESS **13843 Pleasant Valley Dr.**  
2.4 CITY-ST-ZIP **TALKESSONVILLE FLORIDA 32225**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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(3)(k), 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:

*David Robison* **DAVID ROBISON**

6/21/95

107  
295-9560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

**PRESIDENT**

CFR2E034 (3/95)