

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	3720 Old Winter Garden Rd	26	3720 Old Winter Garden Rd.	07/25/1994	07/19/1995
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4. FEI Number	Applied For
23	Orlando Florida	28	Orlando Florida	59-3256500	Not Applicable
24	Zip 32805	29	Zip 32805	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	Country ORANGE	30	Country ORANGE	<input type="checkbox"/>	<input type="checkbox"/>
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
ROBISON, DAVID 3720 OLD WINTER GARDEN ROAD ORLANDO FL 32805				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* President DAVID ROBISON 6/1/96
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when remaining.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBISON, DAVID	1.2 NAME	
STREET ADDRESS	765 LONGWOOD MARKHAM ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBISON, BOB	2.2 NAME	
STREET ADDRESS	13843 PLEASANT VALLEY DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBISON, MARY	3.2 NAME	
STREET ADDRESS	765 LONGWOOD MARKHAM ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	3.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBISON, BETTY A.	4.2 NAME	
STREET ADDRESS	13843 PLEASANT VALLEY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, upon an attachment with an address.

SIGNATURE: *David Robison* President 6/1/96 407-295-9860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (3/96)