

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K35592

Entity Name: JM AUTO, INC.**Current Principal Place of Business:**120 JIM MORAN BLVD.
DEERFIELD BEACH, FL 33442**Current Mailing Address:**5350 W. SAMPLE ROAD
MARGATE, FL 33073 US**FEI Number:** 65-0088515**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED AGENT GROUP INC.
801 US HWY 1
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date**Officer/Director Detail :**

Title VP, GENERAL COUNSEL &
SECRETARY
Name CLARKE, TODD Q
Address 5350 W. SAMPLE ROAD
City-State-Zip: MARGATE FL 33073

Title TREASURER
Name GEBHARD, ERIC M
Address 5350 W. SAMPLE ROAD
City-State-Zip: MARGATE FL 33073

Title ASSISTANT TREASURER
Name ROMANO, BRYAN
Address 5350 W. SAMPLE ROAD
City-State-Zip: MARGATE FL 33073

Title DIRECTOR
Name BURNS, BRENT D
Address 5350 W. SAMPLE ROAD
City-State-Zip: MARGATE FL 33073

Title VP, CORPORATE TAXES
Name MAGNER, KIMBERLY M
Address 5350 W. SAMPLE ROAD
City-State-Zip: MARGATE FL 33073

Title ASSISTANT TREASURER
Name BROWDY, ALAN J
Address 5350 W. SAMPLE ROAD
City-State-Zip: MARGATE FL 33073

Title ASSISTANT SECRETARY
Name SHEPTAK, PETER J
Address 5350 W. SAMPLE ROAD
City-State-Zip: MARGATE FL 33073

Title DIRECTOR, PRESIDENT
Name POLLOCK, CRAIG J
Address 5350 W. SAMPLE ROAD
City-State-Zip: MARGATE FL 33073

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TODD Q CLARKE**SECRETARY, BY JON-
MICHAEL SANCHEZ,
ATTORNEY-IN-FACT****04/29/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name COOMBS, RONALD M
Address 5350 W. SAMPLE ROAD
City-State-Zip: MARGATE FL 33073

Title ASST. TREASURER
Name ARGERSINGER, H. SCOTT
Address 5350 W. SAMPLE ROAD
City-State-Zip: MARGATE FL 33073

Title ASST. SECRETARY
Name GROSS, STEVE
Address 5350 W. SAMPLE ROAD
City-State-Zip: MARGATE FL 33073

Title ASST. SECRETARY
Name WILLIAMS, CAREN SNEAD
Address 5350 W. SAMPLE ROAD
City-State-Zip: MARGATE FL 33073

Title ASST. TREASURER
Name VIRTUE, RONALD J
Address 5350 W. SAMPLE ROAD
City-State-Zip: MARGATE FL 33073

Title VP, GENERAL MANAGER
Name HOPPE, MARK
Address 5350 W. SAMPLE ROAD
City-State-Zip: MARGATE FL 33073