FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 PM 4:12

DOCUMENT # **285549** **(2)**

1. Corporation Name
ST. JOHNS MOTORS, INC.

Principal Place of Business	Mailing Address
U S #1 NORTH P O BOX 854 ST AUGUSTINE FL 32085	U S #1 NORTH P O BOX 854 ST AUGUSTINE FL 32085

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/30/1964**
3a. Date of Last Report: **03/02/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip
29
Country
30

4. FEI Number: **59-1059358** ☐ 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. The corporation has liability for intangible tax under § 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MCQUAIG, EDWARD A.
U.S. #1 NORTH
ST AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ (Signature must be printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when mandatory) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MCQUAIG,E A	12 NAME	
STREET ADDRESS	199 INLET DRIVE	13 STREET ADDRESS	
CITY ST ZIP	ST AUGUSTINE FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MCQUAIG, EDWARD ANTHONY	22 NAME	
STREET ADDRESS	199 INLET DRIVE	23 STREET ADDRESS	
CITY ST ZIP	ST AUGUSTINE FL	24 CITY ST ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	MCQUAIG,JUNE A	32 NAME	
STREET ADDRESS	199 INLET DRIVE	33 STREET ADDRESS	
CITY ST ZIP	ST AUGUSTINE FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 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 of part A, or on an attachment with an address.

SIGNATURE: Edward A. McQuaig Pres. 2-21-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date)
EDWARD A. McQUAIG

0402194 FP