

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 REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
09/30/1964

3a. Date of Last Report
02/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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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. This corporation has liability for intangible tax under s. 190.032
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 typed or printed (Name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MCQUAIG, E A
STREET ADDRESS 199 INLET DRIVE
CITY - ST - ZIP ST AUGUSTINE FL

☐ DELETE

TITLE D
NAME MCQUAIG, EDWARD ANTHONY
STREET ADDRESS 199 INLET DRIVE
CITY - ST - ZIP ST AUGUSTINE FL

☐ DELETE

TITLE STD
NAME MCQUAIG, JUNE A
STREET ADDRESS 199 INLET DRIVE
CITY - ST - ZIP ST AUGUSTINE FL

☐ DELETE

TITLE
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11 TITLE
12 NAME
13 STREET ADDRESS
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61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. A. McQuaig

6/7/96

Exemption Certificate #