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

APPROVED AND FILED

95 MAR 13 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 690853 (7)

1. Corporation Name

JAMBARD'S TRUCK REPAIR, INC.

Principal Place of Business	Mailing Address
~~3120 BON AIR DR~~ ~~3120 BONAIR DRIVE~~ ~~ORLANDO FL 32813~~ ~~US~~	P O BOX 520237 ~~3120 BONAIR DRIVE~~ LONGWOOD FL 32752-237 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/18/1981	3a. Date of Last Report: 05/20/1994
4. FEI Number: 59-2101149	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	

2. Principal Place of Business	2a. Mailing Address
21 1432 Canal Point Rd.	26 P.O. Box 520237
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Longwood, FL	28 City & State: Longwood, FL
24 Zip: 32750 25 Country: USA	29 Zip: 32752-0237 30 Country: USA

9. Name and Address of Current Registered Agent

JAMBARD, WAYNE J
~~512 APPLEWOOD AVE~~
~~ALTAMONTE SPRINGS FL 32701~~

10. Name and Address of New Registered Agent

81 Name: Jambard, Wayne J.
82 Street Address (P.O. Box Number is Not Acceptable): 1432 Canal Point Rd.
83
84 City: Longwood FL 85 Zip Code: 32750

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: Wayne J. Jambard
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	1.1 TITLE	STD	☑ Change ☐ Addition
NAME	JAMBARD, MICHELLE J	1.2 NAME	Jambard, Michelle J.	
STREET ADDRESS	512 APPLEWOOD AVE	1.3 STREET ADDRESS	1432 Canal Point Rd.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	Longwood, FL 32750	
TITLE	CPD	2.1 TITLE	CPD	☑ Change ☐ Addition
NAME	JAMBARD, WAYNE J.	2.2 NAME	Jambard, Wayne J.	
STREET ADDRESS	512 APPLEWOOD AVE	2.3 STREET ADDRESS	1432 Canal Point Rd.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	Longwood, FL 32750	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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)(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 if changed, or on an attachment with an address.

SIGNATURE: Wayne J. Jambard
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #

0080200 GP