## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED** Mar 12 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (0)F94274 AUTO CLINIC BY J. & M. CORP. Mailing Address Principal Place of Business % JEFFREY H. WALSH % JEFFREY H. WALSH 1239 S. LINCOLN AVE 1239 S. LINCOLN AVE DO NOT WRITE IN THIS SPACE CLEARWATER FL 34616-4259 CLEARWATER FL 34616-4259 3. Date Incorporated or Qualified 10/01/1982 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2208221 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 Personal Property Tax due June 30. g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WALSH, JEFFREY H 1239 S. LINCOLN AVE Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 33516** 83 84 City 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 ported name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE TITLE 1.1 TITLE Change Addition WALSH, JEFFREY H 1.2 NAME NAME 1585 VIRGINIA AVE STREET ADDRESS 1.3 STREET ADDRESS PALM HARBOR FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE WALSH, ANN R. NAME 2.2 NAME 1585 VIRGINIA AVE 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 2 4 CITY-ST-ZIP DELETE 3.1 TITLE Addition Change TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-21P

SIGNATURE:

TITLE

NAME STREET ADDRESS

14. Thereby certify that the information supplied with this filing 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 convocation 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 transgod, or on an attachment with an address.

DELETE

6.1 TITLE

6.2 NAME

63 STREET ADDRESS 6.4 CITY - ST- ZIP

JEFFREY H. WALSH 3/1/18

813 446 5450

Change

Addition