FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 May 16 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 **DOCUMENT #** G46188 (0) JERRY'S AUTO MART, INC. Principal Place of Business Mailing Address 2158 MAYPORT RD 2158 MAYPORT RD JACKSONVILLE FL 32233 JACKSONVILLE FL 32233-2761 3. Date Incorporated or Qualified 3a. Date of Last Report 06/22/1983 06/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2298455 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name LUTINS, WILLIAM R. 2158 MAYPORT ROAD 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32233 83 City Zip Code 85 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, typical or ponted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. OFFICERS AND DIRECTORS 13. Addition DELETE Change 1.1 TITLE THILF LUTINS, WILLIAM R MAV: 1.2 NAME 2E034 2158 MAYPORT RD. 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 00000 1.4 CITY-ST-ZIP CLY ST-ZIP Change Addition DELETE 21 TITLE 1:11.8 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP Ob St 7F DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 TY-ST-ZIP CHIV-51-20 Change Addition DELETE LE THEF AME MAME REET ADDRESS 4.3 9 STREET ADDRESS IY-ST-ZIP CITY-ST-ZIP DELETE Addition 5.11 THE 5.3 HEET ADORESS STREET ADDRESS Y-ST-ZIP CHY \$1.70° Change Addition DELETE 6.1 141: F

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REET ADDRESS

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRI

14. I do he eby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and fam an officer or director of the corporation or the receiver or trustee empowered to

Lam an officer or director of the corporation or the receiver or trace of trace of appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the curate and that my signature shall have the same legal effect as if made under oath; that ecute this report as required by Chapter 607, Florida Statutes; and that my name