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

DOCUMENT # **H64958** **(2)**

1. Corporation Name
TECHNI-CAR OF JACKSONVILLE, INC.

Principal Place of Business
5121 BOWDEN RD.
107
JACKSONVILLE FL 32216
US

Mailing Address
450 GIM GONG ROAD
OLDSMAR FL 34677

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/27/1985
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26 450 Commerce Blvd
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 59-2562589 — 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

9. Name and Address of Current Registered Agent
GASSMAN, ALAN S., ESQUIRE
1212 COURT STREET, SUITE B
CLEARWATER FL 34616

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 _____ (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	DUFFY, JIM	1.2 NAME		
STREET ADDRESS	5121 BOWDEN RD #107	1.3 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL 32216	1.4 CITY ST ZIP		
TITLE	SD	2.1 TITLE		☒ Change ☐ Addition
NAME	WALSH, BOB	2.2 NAME		
STREET ADDRESS	450 GIM GONG ROAD	2.3 STREET ADDRESS	450 Commerce Blvd	
CITY ST ZIP	OLDSMAR FL 34677-2808	2.4 CITY ST ZIP		
TITLE	TD	3.1 TITLE		☒ Change ☐ Addition
NAME	MILLER, RICHARD	3.2 NAME		
STREET ADDRESS	450 GIM GONG ROAD	3.3 STREET ADDRESS	450 Commerce Blvd	
CITY ST ZIP	OLDSMAR FL 34677-2808	3.4 CITY ST ZIP		
TITLE	VD	4.1 TITLE		☐ Change ☐ Addition
NAME	ZUK, DARRYL	4.2 NAME		
STREET ADDRESS	3071 N ORANGE BLOSSOM W	4.3 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL 32803	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)(k), 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: Richard Miller — RICHARD MILLER — 5-25-95 — 813/855-0022
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNIFIED OFFICER OR DIRECTOR — Date — Telephone #

6345V36 CP