

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 08/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # H98081

1. Corporation Name  
 JERRY & JIM'S AUTO CLINIC, INC.

Principal Place of Business  
 6840 MACDILL AVENUE SOUTH  
 TAMPA FL 33611

Mailing Address  
 6840 MACDILL AVENUE SOUTH  
 TAMPA FL 33611

FILED

99 JUL -9 PM 12: 56

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



7/7/99 91010/034 \$150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/10/1986		4. FEI Number 59-2645732		Applied For Not Applicable	
21. Principal Place of Business Suite, Apt. #, etc.		26. Mailing Address Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip		28. Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Zip		25. Country		29. Zip	
26. Country		30. Country		9. Name and Address of Current Registered Agent	

STREETER, JAMES GARDNER  
 6840 MACDILL AVENUE SOUTH  
 TAMPA FL 33611

10. Name and Address of New Registered Agent	
81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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 Rhonda Gonzalez RHONDA GONZALEZ 7-1-99  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent Signature required when resigning.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, GERALDO	1.2 NAME	
STREET ADDRESS	8521 S. HIMES AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREETER, JAMES GARDNER	2.2 NAME	
STREET ADDRESS	4808 SOUTH COOPER PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, RHONDA	3.2 NAME	
STREET ADDRESS	8521 S HIMES AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby 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 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 checked, or on an attachment with an address.

SIGNATURE: Rhonda U. Gonzalez Treasurer 7-1-99  
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (5/99)

(2)

- Addres: Leslie H98081

On April 9th 1999 I filed my Annual Report and a check for 150.00 ck# 16753. On July 15th I received a second report and a letter saying I didn't file. I then called Div. of Corp and explained that I had filed. I was told to send the second report and another check so I complied.

I don't know what happened but I know that I mailed the first Report.

Sincerely,  
Ronda Gonzalez  
6840 S. Mac Dill  
Tpa, FL 33611