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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business **5921 ARLINGTON ROAD** JACKSONVILLE FL 32211

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

23

24

Zip

(8)

JACKSONVILLE FL 32277

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

28

29

M & W AUTO SERVICE, INC.

Country

9. Name and Address of Current Registered Agent

25

WEBB, DONALD RAY 5921 ARLINGTON ROAD

JACKSONVILLE FL 32211

Mailing Address	
5478 HICKORY GROVE OR	

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/10/1986 4. FEI Number Applied For 59-2688837 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent Street Address (P.O. Box Number Is Not Acceptable) Zip Code

FILED

Feb 18 1998 8:00am

Secretary of State

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

Country

82

63

City

30

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE	Signature, typed or printed name of registered agent and ti	tle if Applicable (NOTE	Registered Agent signst ve	e required when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS		13,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change	Addition		
NAME	WEBB, DONALD R.		1.2 NAME					
STREET ADDRESS	5478 HICKORY GROVE		1.3 STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP					
TITLE	V	DELETE	2.1 TITLE	V	Change	Addition		
NAME	WEBB, THOMAS E.		2.2 NAME	WERR THOMAS E	, /`			
STREET ADDRESS	8436 RED HOLLY LANE		2.3 STREET ADDRESS	1275 SWEET PEAT	PAIL	,		
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY - ST - ZIP	WEBB, THOMAS E 1375 SWELT PEAT TACKSONVILLE, FO	43224	4		
TITLE		DELETE	3.1 TITLE		Change	Addition		
NAME			3.2 NAME]		
STREET ADDRESS			3.3 STREET ADDRESS			ĺ		
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		DELETE	4.1 TITLE		☐ Change	Addition		
NAME			4. 2 NAME			•		
STREET ADDRESS		•	4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition		
NAME			5.2 NAME					
STREET ADDRESS	•		5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		DELETE	6.1 TITLE		Change	☐ Addition		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
						1		

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 changed, or only in attachment with an address.