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Apr 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J81134

(5)

1. Corporation Name

JACKIES AUTO SALES, INC.

Principal Place of Business

7291 WAELTI DR.  
MELBOURNE FL 32940  
US

Mailing Address

7291 WAELTI DR.  
MELBOURNE FL 32940-7548  
US

3. Date Incorporated or Qualified  
07/01/1987

3a. Date of Last Report  
02/09/1996

2. Principal Place of Business

21 2765 Business Center Blvd.

2a. Mailing Address

26 2765 Business Center Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Melbourne, FL

City & State

28 Melbourne, FL

Zip

Country

24 32940

25 US

Zip

Country

29 32940

30 US

4. FEI Number

38-2745670

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

ELLIOTT, JACKIE L.  
7291 WAELTI DR.  
MELBOURNE FL 32940

10. Name and Address of New Registered Agent

81 Name  
RICHARD E. STRAUGHN, ESQUIRE

82 Street Address (P.O. Box Number is Not Acceptable)  
255 Magnolia Ave., SW

83

84 City  
Winter Haven

FL

85 Zip Code  
33880

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 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent, and title, if applicable

(NOTE: Registered Agent signature required when certifying)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D ELLIOTT, JACKIE L.  
STREET ADDRESS 7291 WAELTI DR.  
CITY - ST - ZIP MELBOURNE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVST ☐ Change ☐ Addition  
1.2 NAME Jackie L. Elliott  
1.3 STREET ADDRESS 2765 Business Center Blvd.  
1.4 CITY - ST - ZIP Melbourne, FL 32940

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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 on an attachment with an address.

SIGNATURE:

JACKIE L. ELLIOTT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97

(904) 752-5584

Date

Daytime Phone #

CP2E034 (9/96)