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 # K64665

(8)

ST. JOHNS AUTO RENTAL, INC.

FILED Apr 08 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address					I (ABLADII AIA ĐỊỆI) ĐỊĐỊA ĐƯỢCH ĐỊCH ĐỊ	SI MINEID MINEIS MENSION MINI	II MAMII MIMAA AMMA	
1605 ST. JOHNS AVE 1605 ST. JOHNS AVE								
PALATKA FL 32177 PALATKA FL 32177					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified			
					02/06/1989			
	Place of Business	2s, Mailing Address			4, FEI Number		Applied For	
21 Suite Ant				 			Not Applicable	
22					5, Certificate of Status Desired	1 1	\$8.75 Additional Fee Required	
City & State City & State					8. Election Campaign Financing	\$5.	.00 May Be	
		28			Trust Fund Contribution Added to Fees			
Zip 24			Country	1	8. This corporation owes or has paid the current year Intangible			
24]	g, Name and Address of Curre	29 ent Registered Agent	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
JO	NES, ROBERT D.		81	Name	10. Italia and Addises of Item 110	Ristaled Walle		
1605 ST JOHNS AVE				Ctroot Add	(D.O. Downley to No.	1-3		
PALATKA FL 32177			82	Street Addr	ress (P.O. Box Number is Not Acceptab	не)		
			83					
			84	City		FL 85	Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statuti	es, the abov	e-named corp	poration submits this statement for the prion's board of directors. I hereby acception	urpose of changi	ng its registered	
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Fig	orida Statute	y ine corporat s.	lion's board or directors. I hereby accep	ot the appointmen	t as registered	
SIGNATURE	Signature, typed or printed name of registered ap	well and title if organizable AMOTI	E Dogistered Ag	ant simpat us see de	ed when reinstating)			
12.		ND DIRECTORS	13.	ent eignature requir	ADDITIONS/CHANGES TO OFFICE	DATE SERS AND DIRECT	TORS IN 12	
TITLE	PD	DELETE	1.1 TITLE		ABBINONG/ONAVGEO TO OTHE	Char		
NAME	JONES, ROBERT D		1.2 NAME					
STREET ADDRESS	1605 ST JOHNS AVE		1.3 STREET	ADDRESS				
CITY-ST-ZIP	PALATKA FL		1.4 CITY-5	ST - ZIP				
TITLE			2.1 TITLE			Char	nge 🔲 Addition	
NAME	SCROGGINS, KENT A 1609 ST JOHNS AVE		2.2 NAME					
STREET ADDRESS	PALATKA FL			ADDRESS				
CITY-ST-ZIP TITLE			2. 4 CITY-	ST-ZIP	•			
NAME	IONICO MADENE O		3.1 TITLE			Char	nge L Addition	
STREET ADDRESS	1605 ST JOHNS AVE		3.2 NAME	ADDRESS			ĺ	
CITY-ST-ZIP	PALATKA FL		3.3 STREET 3.4. CITY-				}	
TITLE	<u> </u>	☐ DELETE	41 TITLE	J1 - KIF		Chan	nge Addition	
NAME			4.2 NAME	1				
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	IT-ZIP				
TITLE		☐ DELETE	5.1 THILE			☐ Chan	nge L Addition	
NAME			5.2 NAME				İ	
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY - S	I - ZIP				
TITLE		DELETE	6.1 TITLE			☐ Chan	nge 🔲 Addition	
NAME OTOTET ADDOCAD			6.2 NAME				İ	
STREET ADDRESS			6.3 STREET				l	
City-St-ZiP	certify that the information supplied s	with this filing does not qualify fo	6.4 CITY-S		Section 119 07(3)(i) Florida Statutes L	further certify that	the information	

officer or direction from the information supplied with this nining coes not quality for the exemption stated in Section 119.07(3)(1), 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