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

APPROVED AND FILED

95 APR 26 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L57857 (9)

1. Corporation Name

ROYAL CARS, INC.

Principal Place of Business	Mailing Address
212 LAMBERT AVENUE C/O JOAN DAVIS FLGLER BEACH FL 32136	212 LAMBERT AVENUE C/O JOAN DAVIS FLGLER BEACH FL 32136

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/12/1990
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business	2a. Mailing Address
21 110 N. STATE ST.	26 P.O. BOX 717
Suite, Apt. #, etc. 22 Bunnell	Suite, Apt. #, etc. 27 Bunnell
City & State 23 FL	City & State 28 FL
Zip 24 32110 Country 25 USA	Zip 29 32110 Country 30 USA

4. FEI Number: 59-3005630 ☐ 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

DAVIS, JOAN
212 LAMBERT AVENUE
FLGLER BEACH FL 32136

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: Joan M Davis Pres. 4-18-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	DAVIS, JOAN	12 NAME		
STREET ADDRESS	212 LAMBERT AVENUE	13 STREET ADDRESS		
CITY-ST-ZIP	FLGLER BEACH FL	14 CITY-ST-ZIP		
TITLE	ST	21 TITLE		☐ Change ☐ Addition
NAME	DAVIS, JOAN	22 NAME		
STREET ADDRESS	212 LAMBERT AVENUE	23 STREET ADDRESS		
CITY-ST-ZIP	FLGLER BEACH FL	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Joan M Davis Pres. 4-18-95 (904)437-0624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0018290 CF