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 MAY -1 AM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L78633 (9)

1. Corporate Name

JAY WEBB'S MOBILE AUTO REPAIR, INC.

Principal Place of Business	Mailing Address
6725 EDGEWATER DRIVE ORLANDO FL 32810	6725 EDGEWATER DRIVE ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

3. Date Incorporated or Qualified: 06/07/1990
3a. Date of Last Report: 05/24/1994
4. FEI Number: 59-3024803 — [ ] 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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent

WEBB, MARGUERITE B.
6725 EDGEWATER DRIVE
SUITE 101
ORLANDO FL 32810

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. [illegible] Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	WEBB, JAY C.
STREET ADDRESS	6725 EDGEWATER DRIVE
CITY-ST-ZIP	ORLANDO FL
TITLE	VT
NAME	WEBB, MARGUERITE B.
STREET ADDRESS	6725 EDGEWATER DRIVE
CITY-ST-ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1 TITLE		[X] Change [ ] Addition
1 NAME		
1 STREET ADDRESS	9430 W PAULINDA	
1 CITY-ST-ZIP	APOPKA, FL 32703	
2 TITLE		[X] Change [ ] Addition
2 NAME		
2 STREET ADDRESS	9430 W. PAULINDA	
2 CITY-ST-ZIP	APOPKA, FL 32703	
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with the filing [illegible] 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: X [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/27/95 — Date — X 248-3240 — Daytime Phone #

0084119 CP