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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P92000001256 (6)

J & J MUFFLER AND PERFORMANCE, INC.

Principal Place of Business Mailing Address 119 NW HOLLYWOOD BLVD 119 NW HOLLYWOOD BLVD UNIT 2 UNIT 2 FT WALTON BEACH FL 32548 FT WALTON BEACH FL 32548 3a. Date of Last Report 3. Date Incorporated or Qualified 10/27/1992 04/25/1995 Applied For 4 FEL Number 2. Principal Place of Business 2a. Mailing Address 59-3148109 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State Orty & State \Box Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zio Yes No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 JENUS, ROSS J Street Address (P.O. Box Number is Not Acceptable) 119 NW HOLLYWOOD BLVD 83 UNIT 2 FT WALTON BEACH FL 32548 Zip Code 85 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTe: Registrated Agent signed his required which remotiting Signature: typed or printed name of registrated agent and title if accordable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE 1.1 TITLE THEE 1.2 NAME NAME JENUS, ROSS J 1.3 STREET ADDRESS 925 SCENIC HWY STREET ADDRESS 1.4 CITY - ST- ZIP PENSACOLA FL CITY ST-ZP ☐ Change Addition DELETÉ 2 1 1011 T:TLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CHY SI-ZIP CITY - ST - ZIF Change Addition DELETE 3 1 115 6 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 C/TY - \$1 - Z/F CITY-ST-ZIP Addition ☐ Change DELETE 4 1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS. 4.4 CITY - S1 - ZIF C-11 - ST - ZIF Addition Change DELETE 5 1 1016 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CRY - \$1 - 7P CITY - ST - ZIP Change Addition DELETE 6 1 Till, E

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)(k), 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 13 if changed, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

6.4 C(TY - ST - ZIF

TITLE

NAME

STREET ADDRESS

INTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-96

904-243-8838

(12/95)CR2E034