

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

EXPRESS AUTO CENTERS  
OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

3494 Phillips Highway  
JACKSONVILLE, FL 32207 DUAL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

DEC. 94

3a. Date of Last Report

JUL. 95

4. FEI Number

59-3153683

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

10. Name and Address of New Registered Agent

PADRAIC EDIN MULVILL, Suite 100  
3500 Phillips Highway DUAL  
JACKSONVILLE, FL 32207

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

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

*Padraic Edin Mulvill*

May 4, 1996

Signature, Street or Mailing Address of Registered Agent and the Corporation

Signature of Registered Agent (required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRESIDENT / DIRECTOR
NAME	JAMES R. JOHNSON
STREET ADDRESS	3500 Phillips Highway
CITY - ST - ZIP	JACKSONVILLE, FL 32207
TITLE	SECRETARY / DIRECTOR
NAME	PADRAIC EDIN MULVILL
STREET ADDRESS	3500 Phillips Highway
CITY - ST - ZIP	JACKSONVILLE, FL 32207
TITLE	TREASURER
NAME	PATRICIA D. SMITH
STREET ADDRESS	3500 Phillips Highway
CITY - ST - ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

500001840375

05/28/96-01024-027

\*\*\*1125.00

5/21/96

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Padraic Edin Mulvill*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary May 4, 1996

10047301777

ORIG.: P 9200000785  
(NAME CHANGE) 10-10-94  
~~PAYED: P 940000 19785~~