## 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 # P93000042852 (2)

D.J.'S AUTOMOTIVE, INC.

## **FILED** Apr 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					1 10911ABA (116 1616a 11111 88111 88111 88111 88111 81819 11881 10181 81111 81111 81111		
1335 MARCHECK STREET 1335 MARCHECK STREET JACKSONVILLE FL 32211					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					06/16/1993		
2. Principal Place of Business 2a. Mailing Addres			es\$		4. FEI Number		Applied For
Suite, Apt.	# Ato	26 Suite, Apt. #,	oto		59-3192441		Not Applicable  Additional
22	w, GiO.	27	eio.		5. Certificate of Status Desired		Required
City & Stat	е	City & State			6. Election Campaign Financing		<b>0</b> May Be
23 Zin	Country	<b>28</b>	Cour	atru	Trust Fund Contribution	7,000	d to Fees
Zip <b>24</b>	25 29		30	<b>-</b>		is paid the current year Intangible  June 30. X Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
24	g Name and Address of Curre		130		10. Name and Address of New Regist		
.10	HNSON, DANIEL C			81 Name	<u></u>		
1335 MERCHECK STREET				82 Street Add	dress (P.O. Box Number is Not Acceptable)		<del></del>
JACKSONVILLE FL 32211					arood (7 or 200 Marion to Met Hoodplace)		
				83			
				84 City		FL 85 Zi	p Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florid	a Statutes, the ab	ove-named cor	poration submits this statement for the purp	ose of changing	its registered
office or r	egistered agent, or both, in the Stat m familiar with, and accept the obli	e of Florida. Such chang	ge was authorized	l by the corpora	ation's board of directors. I hereby accept the	e appointment	as registered
SIGNATURE	Signature typed or printed name of registered a				uired when reinslating)		
12.		ND DIRECTORS	(NOTE: Hagistored	Agent signature requ	ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	) DRS IN 12
TITLE	PTD	☐ DEI		LE	ABBITIONS/CHANGES TO OFFICE IN	☐ Change	
NAME	JOHNSON, DANIEL C		1.2 NA	ME -	•		
STREET ADDRESS	5276 MAGNOLIA CIRCLE NO	0	1.3 ST	REET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32211		1.4 CIT	Y-ST-ZIP			
TITLE	VSD	DEI	ETE 2.1 TIT	LE		Change	e 🔲 Addition
NAME	JOHNSON, VICKY	<u>-</u>	2.2 NA	ME			
STREET ADDRESS	5276 MAGNOLIA CIRCLE N	O	2.3 STF	REET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32211			TY-ST-ZIP		T 7 8:	
TITLE		☐ DEI				Chang	e Addition
NAME			3.2 NA				
STREET ADDRESS				IEET ADDRESS			
CITY-ST-ZIP TITLE		DEC		IY - ST - ZIP		Change	e Addition
NAME		_ 0	4.2 NA			ட படிர	/walloof
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP				Y-SI-ZIP			
TITLE		DEL			···	Change	Addition
NAME			5.2 NA	ME			
STREET ADDRESS			5.3 ST	REET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		☐ DEI	ETE 6.1 TiT	LF		Change	Addition
NAME			6.2 NAI	NE			
STREET ADDRESS			6.3 STF	REET ADDRESS			
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP			

14. I hereby certify that the information supplied with this filing 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.