FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000072722 (0)

J AND J GARAGE, INC.

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Suite, Apt. #, etc.

City & State

ा । पार्चिन्द्राती हो केहीकृतिहासुन केहा **साम सळक** ह Mailing Address Principal Place of Business 12354 44 ST NORTH 12354 44 ST NORTH **CLEARWATER FL 34622 CLEARWATER FL 34622** 3. Date Incorporated or Qualified 3a. Date of Last Report 10/20/1993 08/12/1996 4. FEI Number Principal Piace of Business 2a. Mailing Address 59-3207263 26

Suite Apt #, etc.

City & State

27

Trust Fund Contribution Added to Fees 28 Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ALFORD, JOHN F 12354 44 ST N Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34622** 83 84 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.

City

SIGNATURE Segregore, types or primed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. DELETE Change Addition 1.1 TITLE TILLE ALFORD, JOHN F 1.2 NAME NAME 3051 UNION ST N 1.3 STREET ADDRESS STREET ADDRESS ST PETERSBURG FL CITY - ST - ZIP 1.4 CITY-ST-ZIP Change Addition DELETE 2.1 TITLE THE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY - \$1 - 7IP Change Addition ☐ DELETE 3.1 TITLE THEF NAME 3.2 NAME **3.3 STREET ADDRESS** STREET ADDRESS 3.4. CITY-ST-ZIP CiTY - ST - ZiP Change DELETE Addition 4.1 TITLE THLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP C-IY-ST-7/P Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAMÉ 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST - ZIP

14. I do 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

SIGNATURE:

CITY: \$1-26



FILED

Apr 25 1997 8:00am

Secretary of State

5. Certificate of Status Desired

6. Election Campaign Financing

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

85

Not Applicable