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 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000012175 (3)**

1. Corporation Name
RTJ COMPLETE AUTO, INC.

Principal Place of Business
10220 FISHER AVENUE
UNIT #3
TAMPA FL 33619

Mailing Address
10220 FISHER AVENUE
UNIT #3
TAMPA FL 33619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
Suite, Apt. #, etc — 22
City & State — 23
Zip — 24 County — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 County — 30

4. FEI Number: 59-3225589 — 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 intangibles tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

LALL, ROBERT B
10220 FISHER AVENUE
UNIT #3
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name: Robert Lall
82 Street Address (P.O. Box Number is Not Acceptable): 10220 Fisher Ave.
83 UNIT #6
84 City: Tampa FL 85 Zip Code: 33619

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	President ☐ Change ☐ Addition
NAME		1.2 NAME	Robert Lall
STREET ADDRESS		1.3 STREET ADDRESS	10220 Fisher Ave. #6
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Tampa, Fl. 33619
TITLE		2.1 TITLE	Vice President ☐ Change ☐ Addition
NAME		2.2 NAME	Lauren Lall
STREET ADDRESS		2.3 STREET ADDRESS	10220 Fisher Ave. #6
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Tampa, Fl. 33619
TITLE		3.1 TITLE	Secretary ☐ Change ☐ Addition
NAME		3.2 NAME	Robert Lall
STREET ADDRESS		3.3 STREET ADDRESS	10220 Fisher Ave. #6
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Tampa, Fl. 33619
TITLE		4.1 TITLE	Tresurer ☐ Change ☐ Addition
NAME		4.2 NAME	Lauren Lall
STREET ADDRESS		4.3 STREET ADDRESS	10220 Fisher Ave
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Tampa, Fl. 33619
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

REMITTED BY MAY 1

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: Lauren Lall — Lauren Lall (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) — 4/21/95 (Date) — (813) 653-2042 (Daytime Phone #)

0290716 CP