

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathis
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

55 MAY -1 1995 41

TALLAHASSEE, FLORIDA

DOCUMENT # **P94000023817 (7)**

For Corporation Report

D. J. AUTOS, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/23/1994** 3a. Date of Last Report

4. FFL Number **59-3239143** 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. 190.032, Florida Statutes ☐ Yes ☒ No

2. Principal Office Address
**5656 ISABELLE AVE.
SUITE 11
PORT ORANGE FL 32127**

2a. Mailing Address
**5656 ISABELLE AVE.
SUITE 11
PORT ORANGE FL 32127**

21. State and Apt. # of **26**
DAYTONA BEACH, FL 32119

22. City & State **27**
DAYTONA BEACH

23. Zip **25**
32119 Country **29**
FLORIDA

9. Name and Address of Current Registered Agent

**NESPOLI, JOANNE M
178 CENTENNIAL LANE
DAYTONA BEACH FL 32119**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.01(2)(c) and 607.01(3)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the principal office of the corporation in the State of Florida. Such change was authorized by the corporation's Board of Directors. I hereby accept this appointment as registered agent. I am familiar with and accept the obligations of Sections 607.01(2)(c), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME **D**
NAME **NESPOLI, JOANNE M**
Street Address **178 CENTENNIAL LANE**
City **DAYTONA BEACH FL 32119**

13. ADDITIVES CHANGES TO OFFICERS AND DIRECTORS

1. NAME ☐ Change ☐ Addition
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am qualified to file this report in accordance with the Florida Statutes. I further certify that the information submitted 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 in the state that I am an officer or director of the corporation or the owner 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 of this filing as an officer or director with an address.

SIGNATURE: *Joanne M. Nespoli* **JOANNE M NESPOLI** 4/20/95 (904) 760-4452