FILE NOW: FILING FEE AFTER MAY 1 IS \$550,00

Mailing Address

6725 EDGEWATER DRIVE

ORLANDO FL 32810-4219

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

6725 EDGEWATER DRIVE

SIGNATURE:

ORLANDO FL 32810



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000092094 (9)

JAY WEBB'S FOREIGN CAR REPAIR, INC.

3. Date Incorporated or Qualified 3a. Date of Last Report 12/20/1994 06/07/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-329267 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Country 8. This corporation has liability for intapgible tax under s. 199.032, Z_{1D} Yes No Florida Statutes 30 24 29 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name WEBB. MARGUERITE B **6725 EDGEWATER DRIVE** Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32810 83 84 City 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 Signature, typed or pented name of registered agent and life it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. OFFICERS AND DIRECTORS Change Addition DELETE 11 TITLE 1011 WEBB, JAY C 1.2 NAME NAME **6725 EDGEWATER DRIVE** 1.3 STREET ADDRESS ORLANDO FL 32810 1.4 CITY - ST - ZIP CITY ST ZIP Change Addition VSD DELETE 2.1 TITLE THEF WEBB, MARGUERITE B NAME **6725 EDGEWATER DRIVE** 2.3 STREET ADDRESS STREET AUDRESS ORLANDO FL 32810 2. 4 CITY-ST-ZIP C/TY-ST-ZIP ☐ Change Addition DELETE 3.1 TITLE THE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - S1 - ZIP DELETE Change Addition 4.1 TITLE THE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET LADDIRESS 4.4 CITY - \$T - ZIP CHY-ST 2F ☐ Change Addition DELETE 5.1 TITLE THLE 52 NAME HAM? 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CHY 81-79 Change Addition DELETE 61 TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. I do horreby 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

an attachment with an address.

FILED Apr 04 1997 8:00am Secretary of State