

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

**FILED**  
**Apr 17 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P95000000293 (7)**

1. Corporation Name  
**R & J AUTO WORKS, INC.**



Principal Place of Business  
**4601 NORTH WESTSHORE BLVD. TAMPA FL 33614**

Mailing Address  
**C/O WALTER SANDERS  
 13910 N DALE MABRY SUITE 1  
 TAMPA FL 33618  
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 **4607 N. LOIS AVE**  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23 **Tampa, Florida**  
 Zip Country  
 24 **33614** 25 **Hillsborough** 29

3. Date Incorporated or Qualified  
**12/30/1994**

4. FEI Number  
**59-3287141** 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**SANDERS, WALTER  
 13910 NORTH DALE MABRY  
 SUITE ONE  
 TAMPA FL 33618**

10. Name and Address of New Registered Agent  
 B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City **FL** B5 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 *Walter Sanders* **WALTER SANDERS** **2-26-98**  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FISHER, RONALD</b>	1.2 NAME	
STREET ADDRESS	<b>1095 BENNETT LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BROOKSVILLE FL 34609</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FISHER, JO ANN</b>	2.2 NAME	
STREET ADDRESS	<b>1095 BENNETT LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BROOKSVILLE FL 34609</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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.

SIGNATURE *Ronald Fisher, Jo Ann Fisher* **4/16/98** **813-876-1011**

CR2E034 (10/97)