

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

FILED  
Mar 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000026547 (6)

1. Corporation Name

RPM AUTO SERVICE, INC.

Principal Place of Business

9445 CRAVEN ROAD  
JACKSONVILLE FL 32257

Mailing Address

9445 CRAVEN ROAD  
JACKSONVILLE FL 32257-8050

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

TODD, RICHARD S  
9445 CRAVEN ROAD  
JACKSONVILLE FL 32257

3. Date Incorporated or Qualified

04/01/1995

3a. Date of Last Report

06/21/1996

4. FEI Number

59-3326032

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. 199.032,  
Florida Statutes.

☒

Yes No

10. Name and Address of New Registered Agent

81 Name

John Morin

82 Street Address (P.O. Box Number is Not Acceptable)

9445 CRAVEN Rd.

83

84 City

Jax

FL

85 Zip Code

32257

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]*  
Signature, printed name of registered agent, and title of applicant.

John C. Morin

3-11-97

(NOTE: Registered Agent signature required when re-stating.)

(DATE)

12. OFFICERS AND DIRECTORS

☒ DELETE

TITLE P  
NAME TODD, RICHARD S  
STREET ADDRESS 9445 CRAVEN ROAD  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE VP  
NAME MORIN, JOHN  
STREET ADDRESS 9445 CRAVEN RD  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE T  
NAME SCHAGE, GUS  
STREET ADDRESS 9445 CRAVEN RD  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

☒ Change ☐ Addition

21 TITLE P  
22 NAME John, Morin  
23 STREET ADDRESS 9445 CRAVEN Rd.  
24 CITY-ST-ZIP Jax, FLA.

☒ Change ☐ Addition

31 TITLE V.P.  
32 NAME ANDREW Thompson  
33 STREET ADDRESS 9445 CRAVEN Rd.  
34 CITY-ST-ZIP Jax, FL.

☐ Change ☐ Addition

41 TITLE T  
42 NAME Gus Schage  
43 STREET ADDRESS 9445 CRAVEN Rd  
44 CITY-ST-ZIP Jax FLA

☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

John C. Morin

3-11-97

733-4236

CR2E034 (9/96)