

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000033274 (8)**

1. Corporation Name

**K. J. AUTO BROKERS, INC.**

Principal Place of Business

**2401 FRANCIS AVE.  
NAPLES FL 34112**

Mailing Address

**2401 FRANCIS AVE.  
NAPLES FL 34112**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/27/1995**

4. FEI Number

**65-0599517**

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

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

Country

**24**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

Country

**29**

**30**

9. Name and Address of Current Registered Agent

~~REEVES, WANDA L  
REEVES & ASSOCIATES, INC.  
501 GOODLETTE RD., B-204  
NAPLES FL 34102~~

81 Name

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

83

84 City

10. Name and Address of New Registered Agent

**JOHN HALTIGAN**

**2401 FRANCIS AVE**

**NAPLES**

**FL**

**85** Zip Code  
**34112**

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 **JOHN J. HALTIGAN**  
Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

**7/1/98**  
DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **HALTIGAN, JOHN J**  
STREET ADDRESS **4719 S.E. 17TH PLACE, #203**  
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **VP** ☒ DELETE

NAME **HALTIGAN, KATHLEEN A**  
STREET ADDRESS **4719 S.E. 17TH PLACE, #203**  
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME **HALTIGAN, JOHN J**  
1.3 STREET ADDRESS **2842 ARBUTUS ST**  
1.4 CITY-ST-ZIP **NAPLES FL 34112**

2.1 TITLE **VP** ☐ Change ☒ Addition

2.2 NAME **HALTIGAN, JAMES T.**  
2.3 STREET ADDRESS **4105 SW 1st COUNP**  
2.4 CITY-ST-ZIP **CAPE CORAL FL 33904**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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:

**JOHN J. HALTIGAN** **7/1/98** **941 774 0777**

CR2E034 (5/98)