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FILED  
Jun 18 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 # P95000044318 (0)

1. Corporation Name  
ACE AUTOMOTIVE REPAIR OF JAX, INC



Principal Place of Business

8328-2 BEACH BLVD  
JACKSONVILLE FL 32216

Mailing Address

8328-2 BEACH BLVD  
JACKSONVILLE FL 32216-3139

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified  
06/05/1995

3a. Date of Last Report  
06/25/1996

4. FEI Number  
59-3318138

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

9. Name and Address of Current Registered Agent

ADKISON, DONALD M  
8328-2 BEACH BLVD  
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name Adkison Donald L.  
82 Street Address (P.O. Box Number is Not Acceptable) 11245 Portside Dr  
83  
84 City Jacksonville FL 85 Zip Code 32225

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 *Donald L. Adkison*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE JUN 12, 1997

12. OFFICERS AND DIRECTORS

TITLE V  
NAME ADKISON, DONALD M  
STREET ADDRESS 3825 ENGLISH COLONY DR S  
CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ DELETE

TITLE P  
NAME ADKISON, DONALD L  
STREET ADDRESS 11245 PORTSIDE DR  
CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ DELETE

TITLE ST  
NAME ADKISON, TERESA L  
STREET ADDRESS 8328-2 BEACH BLVD  
CITY-ST-ZIP JACKSONVILLE FL 32216 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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 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

*Donald L. Adkison*

DATE JUN 11 1997

CR2E034 (9/96)