

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
 Jul 16 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 # 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/05/1995

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: ADKISON, DONALD M, 11245 PORTSIDE DR, JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent: 81 Name: Donald L. Adkison, 82 Street Address: 11245 Portside Dr, 83 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: V	ADKISON, DONALD M 3825 ENGLISH COLONY DR S JACKSONVILLE FL 32257	<input checked="" type="checkbox"/> DELETE	
TITLE: P	ADKISON, DONALD L 11245 PORTSIDE DR JACKSONVILLE FL 32225	<input type="checkbox"/> DELETE	
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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: _____ DATE: April 5, 1998

CR2E034 (5/98)