

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000050356 (1)

1. Corporation Name

FLORIDA AUTOMOTIVE MANAGEMENT, INC.



Principal Place of Business

4711 BLANDING BLVD.
JACKSONVILLE FL 32210

Mailing Address

4711 BLANDING BLVD.
JACKSONVILLE FL 32210

2. Principal Place of Business

2a. Mailing Address

21 4711 Blanding Blvd

26 4711 Blanding Blvd

Suite, Apt. #, etc

Suite, Apt. #, etc

22 B

27 B

City & State

City & State

23 Jacksonville, FL

28 Jacksonville, FL

Zip

Zip

24 32210

29 32210

Country

30 Duval

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

3. Date Incorporated or Qualified
06/27/1995

3a. Date of Last Report
N/A

4. FEI Number
59-3322164

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 P Pilgrim

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

4711 B Blanding Blvd

83

84 City

Jacksonville

FL

85 Zip Code

32210

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 P Pilgrim

(Print Name of Registered Agent or Signatory who is authorized)

4/12/96

12. OFFICERS AND DIRECTORS

1. TITLE D
2. NAME PILGRIM, JOHN P
3. STREET ADDRESS 4711 BLANDING BLVD.
4. CITY-STATE-ZIP JACKSONVILLE FL 32210

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition

2. 2. NAME

3. 3. STREET ADDRESS

4. 4. CITY-STATE-ZIP

5. 5. TITLE ☐ Change ☐ Addition

6. 6. NAME

7. 7. STREET ADDRESS

8. 8. CITY-STATE-ZIP

9. 9. TITLE ☐ Change ☐ Addition

10. 10. NAME

11. 11. STREET ADDRESS

12. 12. CITY-STATE-ZIP

13. 13. TITLE ☐ Change ☐ Addition

14. 14. NAME

15. 15. STREET ADDRESS

16. 16. CITY-STATE-ZIP

17. 17. TITLE ☐ Change ☐ Addition

18. 18. NAME

19. 19. STREET ADDRESS

20. 20. CITY-STATE-ZIP

21. 21. TITLE ☐ Change ☐ Addition

22. 22. NAME

23. 23. STREET ADDRESS

24. 24. CITY-STATE-ZIP

25. 25. TITLE ☐ Change ☐ Addition

26. 26. NAME

27. 27. STREET ADDRESS

28. 28. CITY-STATE-ZIP

29. 29. TITLE ☐ Change ☐ Addition

30. 30. NAME

31. 31. STREET ADDRESS

32. 32. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 P Pilgrim

(Signature and Typed or Printed Name of Signing Officer or Director)

John P Pilgrim

(904) 771-0390

CR2E034 (12/95)