2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 21, 2005 8:00 am **Secretary of State** DOCUMENT # P95000062513 1. Entity Name 02-21-2005 90085 022 ***158.75 JR'S AUTO CLINIC, INC. Principal Place of Business Mailing Address 913 SE 13TH PL CAPE CORAL FL 33990 3724 S.E. 4TH AVENUE CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number City & State Applied For 65-0605096 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 227.5 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MERRILL, JUDSON R Street Address (P.O. Box Number is Not Acceptable) 3724 S.E. 4TH AVENUE CAPE CORAL FL 33904 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE □ Delete TITLE Change **Addition** VPD MERRILL, DONALD E SR NAME MILES F. MERRILL 3727 SE 3RD PLACE STREET ADDRESS STREET ADDRESS 187 Southern Drive CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-7IP Enterprise, AL, 36330 TITLE ☐ Delete TITLE ☐ Change Addition MERRILL, WAYNE M NAME NAME 3724 S.E. 4TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-ZIP TITLE Delete Change Addition MERRILL, JUDSON R NAME NAME STREET ADDRESS STREET ADDRESS 3724 SE 4TH AVENUE CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition ☐ Change MERRILL, BRADFORD NAME NAME STREET ADDRESS 3515 SE 5TH AVENUE STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-7IP CITY+ST-7IP TITLE Addition Delete TITLE Change BISSON, MARSHA C NAME NAME 619 S.E. 31ST LANE STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-ZIP CITY-ST-ZIP M Delete ☐ Addition TITLE TITLE NORRIS, JEFFREY K NAME NAME 2126 SE 10TH PL STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-ZIP CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. Ph# (239)549-1002

JUDSON R. MERRILL

FILED