FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P9500063631 (2)

1. Corporation Name R&R AUTOMOTIVE SERVICE INC. Principal Place of Business Mailing Address BLDG 265 NAVAL STATION MAYPORT BLDG 265 NAVAL STATION & MAYPORT NAVAL STATION F.								
					3. Date Incorporated or Qualified 08/16/1995	1 "	e of Last F 2/1996	eport
2. Principal Pr 21	ace of Business	2a. Mailing Address			4. FEI Number 59-3329114		<u>-</u>	pplied For of Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired		\$9.75 Additional		
City & State		City & State		6. Election Campaign Financing		\$5.00 May Be		
23 Zip	Country	28 Zip	Countr	v	Trust Fund Contribution 8. This corporation has liability for	ntangible t		to Fees
24	25	<u> </u>	30	•	Florida Statutes	Yes 🖫	No	. 155.052,
	9. Name and Address of Currer				10. Name and Address of New Re	gistered A	gent	
HER	BERT, RONALD M		81	Name				
BLDG 265 NAVAL STATION MAYPORT			82	Street Add	ress (P.O. Box Number is Not Acceptat	le)	····	
MAY	PORT NAVAL STATION FL 3222	28	83	<u> </u>				
			L	<u> </u>			·——-	
			84	City		FL	85 Zip	Code
SIGNATURE	Signature, typicd or pented name of registered age				poration submits this statement for the p tion's board of directors. I hereby acception and the properties of the proper	DATE		
TITLE	D	DELETE	11 TITLE		ADDITIONS/OFFINADED TO OFFIC		Change	Addition
NAME	HERBERT, RONALD M		1.2 NAME			•		
STREET ADDRESS	2424 WHITE HORSE RD			T ADORESS				
CITY-SL-ZIP	JACKSONVILLE FL 32246		1.4 CITY-	ST-ZIP				
TITLE	D	DELETE	2.1 TITLE				Change	Addition
NAME	CAMPITELLI, RICHARD P		2.2 NAME	- 1				
STREET ADDRESS	12744 CARLBOU CT JACKSONVILLE FL 32246			T ADDRESS				
CITY - ST - ZiP	JACKSUNVILLE PL 32240	DELETE	2.4 City-	ST-ZIP			Change	Addition
NAME		F" NCTILE	3.2 NAME			•	cranike	L., AUGINOII
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			3.4. C)TY					
THILE		DELETE	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAME	:				
STREET ADORESS			4.3 STREE	T ADDRESS				
CITY+S1+Z:P	N 400 - 100		4.4 CITY	ST-ZIP				- p-114
THLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS				T ADDRESS				
City-ST-789			5.4 City-	\$T. 7JP				

CITY-ST-7P 64 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 companion of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name I am an officer or director of the corpo appears in Block 12 or Block 13 if ch

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

TITLE NAME

STREET ADDRESS

FILED

Apr 29 1997 8:00am

Secretary of State

Change

Addition