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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000041677

1. Corporation Name
MARCHENA AUTO SERVICE, INC.

Principal Place of Business
 4443 SUMBEAN ROAD
 JACKSONVILLE FL 32257-6070

Mailing Address
 4443 SUMBEAN ROAD
 JACKSONVILLE FL 32257-6070

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARCHENA, MARLON
 7252 OLD KINGS RD., SOUTH
 JACKSONVILLE FL 32217-3308

81 Name
Amparo Maechena

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

83 **7252 Old Kings Rd S**

84 City **Jacksonville** FL 85 Zip Code **32217**

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, for 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 *[Signature]* DATE **4-15-99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **D MARCHENA, MARLON**
 STREET ADDRESS **7252 OLD KINGS RD., S.**
 CITY-ST-ZIP **JACKSONVILLE FL 32217-3308**

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

TITLE DELETE
 NAME **D MARCHENA, AMPARO**
 STREET ADDRESS **7252 OLD KINGS RD., S.**
 CITY-ST-ZIP **JACKSONVILLE FL 32217-3308**

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

TITLE DELETE
 NAME **D MARCHENA, MARLYN**
 STREET ADDRESS **7252 OLD KINGS RD., S.**
 CITY-ST-ZIP **JACKSONVILLE FL 32217-3308**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME **D ANTONIA SUAREZ, FRANCISCA**
 STREET ADDRESS **7252 OLD KINGS RD., S.**
 CITY-ST-ZIP **JACKSONVILLE FL 32217-3308**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-15-99** Daytime Phone # **904-733 0620**

CR2E034 (1/98)