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Mar 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S50191

(3)

1. Corporation Name  
JRF AUTO SALES, INC.

Principal Place of Business  
8 AIRPORT ROAD  
APALACHICOLA FL 32320  
US

Mailing Address  
190 BROGDON ROAD  
FAYETTEVILLE GA 30214-3832  
US



3. Date Incorporated or Qualified  
05/07/1991

3a. Date of Last Report  
08/06/1996

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 8 AIRPORT RD

22 City & State

27 PO Box 518

23 Zip Country

28 Apalachicola FL

24 Zip Country

29 32329 30 Frankl. N

4. FEI Number  
59-3145339

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

9. Name and Address of Current Registered Agent

BLOOM, TOM  
1467 GULF BEACH DR EAST  
FT GEORGE ISLAND FL 32328

10. Name and Address of New Registered Agent

81 Name Pat Ruic  
82 Street Address 8 AIRPORT ROAD  
83  
84 City Apalachicola FL 85 Zip Code 32320

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 Pat Ruic

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FINCHER, JOHNNY	
STREET ADDRESS	190 BROGDON ROAD	
CITY-ST-ZIP	FAYETTEVILLE GA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	REDD, TONY	
STREET ADDRESS	1465 GULF BEACH DRIVE	
CITY-ST-ZIP	ST. GEORGE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	RUIC, PAT	
STREET ADDRESS	8 AIRPORT ROAD	
CITY-ST-ZIP	APALACHICOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	JOHNNY FINCHER	POB 919 N/A	EAST POINT FL 32328	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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, handwritten on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0013363

CR2E034 (9/96)