

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

FILED  
Apr 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S70949** (0)  
1. Corporation Name  
**SOUTH JAX MOTORS, INC.**

Principal Place of Business  
**2238 ATLANTIC BLVD.  
JACKSONVILLE FL 32207**

Mailing Address  
**2238 ATLANTIC BLVD.  
JACKSONVILLE FL 32207-3568**

3. Date Incorporated or Qualified <b>08/01/1991</b>	3a. Date of Last Report <b>04/16/1996</b>
4. FEI Number <b>59-3169290</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent  
**BRANT, MOORE, SAPP, MACDONALD & WELLS  
50 N. LAURA STREET  
SUITE 3100  
JACKSONVILLE FL 32202**

81 Name <b>Baron Bartlett</b>	85 Zip Code <b>32202</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>50 North A1A</b>	
83 Suite 103	
84 City <b>Ponte Vedra Beach, FL</b>	

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BUSH, ALBERT J</b>	
STREET ADDRESS <b>5525 PHILLIPS HIGHWAY</b>	
CITY- ST- ZIP <b>JACKSONVILLE FL</b>	
TITLE <b>P</b>	<input type="checkbox"/> DELETE
NAME <b>LUCAS, JANICE P</b>	
STREET ADDRESS <b>5525 PHILLIPS HIGHWAY</b>	
CITY- ST- ZIP <b>JACKSONVILLE FL</b>	
TITLE <b>TS</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BUSH, SUSAN K</b>	
STREET ADDRESS <b>5525 PHILLIPS HIGHWAY</b>	
CITY- ST- ZIP <b>JACKSONVILLE FL</b>	
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 <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Janice B Laberge</b>	
1.3 STREET ADDRESS <b>2238 ATLANTIC BLVD.</b>	
1.4 CITY- ST- ZIP <b>JACKSONVILLE FL 32207</b>	
2.1 TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>John T. Bush</b>	
2.3 STREET ADDRESS <b>2238 ATLANTIC BLVD.</b>	
2.4 CITY- ST- ZIP <b>JACKSONVILLE FL 32207</b>	
3.1 TITLE <b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Douglas L. Woolard</b>	
3.3 STREET ADDRESS <b>2238 ATLANTIC BLVD.</b>	
3.4 CITY- ST- ZIP <b>JACKSONVILLE FL 32207</b>	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* **3-31-97 904-399-8877**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #