

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **S89516**  
1. Corporation Name  
**JERRY'S MOBILE AUTO REPAIR, INC.**

(6)

Principal Place of Business  
**9287 BELVEDERE STREET  
SPRING HILL FL 34608**

Mailing Address  
**9287 BELVEDERE STREET  
SPRING HILL FL 34608-5606**

2. Principal Place of Business  
**21** **26**  
Suite, Apt. #, etc.  
**22** **27**  
City & State  
**23** **28**  
Zip **25** Country **29** Zip **30** Country

|  |   |
|--|---|
| 3. Date Incorporated or Qualified<br><b>10/24/1991</b>   | 3a. Date of Last Report<br><b>06/19/1996</b>                                    |
| 4. FEI Number<br><b>59-3088211</b>   | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required   |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees<br><input type="checkbox"/>                  |
| 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |

9. Name and Address of Current Registered Agent

**MAROTTA, JERRY  
9287 BELVEDERE ST  
SUITE 112  
SPRINGS HILL FL 34608**

|    |  |
|----|--|
| 81 | Name<br><b>MAROTTA, JERRY</b>                      |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City<br><b>SPRINGS HILL</b> <b>85</b> Zip Code     |

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

(NOTE: Registered Agent signature required when reinstating)

DATE

|                            |  |  |   |
|----------------------------|--|--|---|
| 12. OFFICERS AND DIRECTORS | <b>PTD</b> <input type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            | <b>STD</b> <input type="checkbox"/> DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            | <input type="checkbox"/> DELETE            | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            | <input type="checkbox"/> DELETE            | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            | <input type="checkbox"/> DELETE            | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            | <input type="checkbox"/> DELETE            | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>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 if changed, or on an attachment with an address.

SIGNATURE: X *Jerry D. Marotta* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/23/97 X 352-1686-2380  
Daytime Phone #

5450424

CR2E034 (9/96)