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

SIGNATURE:

PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mgrtham 🦸 FILED ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS 97 JUN 23 PM 3: 1,4 DOCUMENT # V27807 (9) SECRETARY OF STATE TALLAHASSEE, FLORIDA J.C. AUTO ORLANDO, INC. Principal Place of Business Mailing Address 1526 E. COLONIAL DR. 1526 E. COLONIAL DR. ORLANDO FL 32803 ORLANDO FL 32803-4706 3. Date Incorporated or Qualified 3a. Date of Last Report 04/10/1992 06/20/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 59-3117010 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box 23 Trust Fund Contribution 26 Added to Fees Zip Country Ζiρ Country This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CHUTE JAMES D 1526 E COLONIAL DR Street Address (P.O. Box Number is Not Acceptable) 82 Orlando FL 32803 83 84 City Zip Code 85 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. **GIGNATURE** Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 1.1 TITLE Addition TITLE CHUTE, JAMES D NAME 1.2 NAME 1526 E. COLONIAL DR STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 C/TY - \$1 - Z/P DELETE 400002221**994**-0441in TITLE 2.1 TITLE -06/24/97--01098--003 NAME 2.2 NAME ****165.00 ****165.00 STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition TITLE 31 TITLE Change NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - S1 - ZIP DELETE Change Addition TITLE 41 III F NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 City-St-ZiP TITLE DELETE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Status II 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 rustee 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.