

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**MAY 23 11:10:15**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Sarala B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # P93000003357 (9)**

1. Corporation Name

**ACE AUTOMOTIVE REPAIR, INC.**

Principal Place of Business

Mailing Address

**6326-2 BEACH BLVD.  
JACKSONVILLE FL 32207**

**6326-2 BEACH BLVD.  
JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 9b. Date of Last Report

**01/11/1993**

**10/18/1994**

4. FEI Number

**59-3166584**

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 enterprise tax under the 1994 (1997)  
Florida Statutes.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21. State Apt. # etc

26. State Apt. # etc

22. City & State

27. City & State

24. ZIP

25. COUNTRY

29. ZIP

30. COUNTRY

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLARK, ROSS T  
1558 SAN MARCO BLVD.  
JACKSONVILLE FL 32207**

81. Name

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

83.

84. City

**FL**

85. Zip Code

11. Pursuant to the provisions of Sections 607.0505 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 of Registered Agent or Registered Agent

Signature of Registered Agent or Registered Agent

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12a. NAME	<b>D BARNETT, MACK D</b>	13a. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12b. STREET ADDRESS	<b>5024 SPRING GLEN RD.</b>	13b. STREET ADDRESS	
12c. CITY	<b>JACKSONVILLE FL 32207</b>	13c. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12d. NAME		13d. NAME	
12e. STREET ADDRESS		13e. STREET ADDRESS	
12f. CITY		13f. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12g. NAME		13g. NAME	
12h. STREET ADDRESS		13h. STREET ADDRESS	
12i. CITY		13i. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12j. NAME		13j. NAME	
12k. STREET ADDRESS		13k. STREET ADDRESS	
12l. CITY		13l. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12m. NAME		13m. NAME	
12n. STREET ADDRESS		13n. STREET ADDRESS	
12o. CITY		13o. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0505, Florida Statutes. I further certify that the information included in this annual report or supplementary report is true and accurate and that this separate shall have the same legal effect as if made under oath. That I am an officer or director of the corporation, or that I am an individual empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12, or Block 13 of this report, and that I am not a resident of Florida.

**SIGNATURE:**

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