

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K35592

Entity Name: JM AUTO, INC.

Current Principal Place of Business:

5350 W. SAMPLE ROAD
MARGATE, FL 33073

Current Mailing Address:

5350 W. SAMPLE ROAD
MARGATE, FL 33073 US

FEI Number: 65-0088515

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PRESIDENT
Name POLLOCK, CRAIG J
Address 5350 W. SAMPLE ROAD
City-State-Zip: MARGATE FL 33073

Title VP, GENERAL COUNSEL &
SECRETARY
Name CLARKE, TODD Q
Address 5350 W. SAMPLE ROAD
City-State-Zip: MARGATE FL 33073

Title VICE PRESIDENT & GENERAL
MANAGER
Name DUNN, JAMES P
Address 5350 W. SAMPLE ROAD
City-State-Zip: MARGATE FL 33073

Title VP
Name GUERRERO, JUAN C
Address 5350 W. SAMPLE ROAD
City-State-Zip: MARGATE FL 33073

Title VP, CORPORATE TAXES
Name MAGNER, KIMBERLY M
Address 5350 W. SAMPLE ROAD
City-State-Zip: MARGATE FL 33073

Title TREASURER
Name GEBHARD, ERIC M
Address 5350 W. SAMPLE ROAD
City-State-Zip: MARGATE FL 33073

Title ASSISTANT TREASURER
Name BROWDY, ALAN J
Address 5350 W. SAMPLE ROAD
City-State-Zip: MARGATE FL 33073

Title ASSISTANT TREASURER
Name ROMANO, BRYAN
Address 5350 W. SAMPLE ROAD
City-State-Zip: MARGATE FL 33073

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KIMBERLY M MAGNER

VICE PRESIDENT,
CORPORATE TAXES

04/09/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASSISTANT SECRETARY
Name DANIELS, KIM
Address 5350 W. SAMPLE ROAD
City-State-Zip: MARGATE FL 33073

Title ASSISTANT SECRETARY
Name SHEPTAK, PETER J
Address 5350 W. SAMPLE ROAD
City-State-Zip: MARGATE FL 33073

Title DIRECTOR
Name BURNS, BRENT D
Address 5350 W. SAMPLE ROAD
City-State-Zip: MARGATE FL 33073

Title ASSISTANT SECRETARY
Name FARAONE, ROSE
Address 5350 W. SAMPLE ROAD
City-State-Zip: MARGATE FL 33073

Title DIRECTOR
Name BROWN, COLIN W
Address 5350 W. SAMPLE ROAD
City-State-Zip: MARGATE FL 33073

Title DIRECTOR
Name POLLOCK, CRAIG J
Address 5350 W. SAMPLE ROAD
City-State-Zip: MARGATE FL 33073