

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000014111

Entity Name: ST. JOHNS AUTO BODY, INC.**Current Principal Place of Business:**1609 ST JOHNS AVE
PALATKA, FL 32177**Current Mailing Address:**1609 ST JOHNS AVE
PALATKA, FL 32177**FEI Number:** 59-3375101**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCROGGINS, KENT A
1609 ST JOHNS AVE
PALATKA, FL 32177 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	PD	Title	VP
Name	SCROGGINS, KENT A	Name	SCROGGINS, SHERRI L
Address	115 ORANGE AVE	Address	115 ORANGE DRIVE
City-State-Zip:	EAST PALATKA FL 32131	City-State-Zip:	EAST PALATKA FL 32131
Title	TREASURER		
Name	BROWN, JASON MATTHEW		
Address	524 ELMWOOD AVE.		
City-State-Zip:	PALATKA FL 32177		

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: SHERRI SCROGGINS

V/PRES

03/19/2021

Electronic Signature of Signing Officer/Director Detail_____
Date