

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 014843 (7)

1. Corporation Name  
**WARREN WOOTEN FORD, INC.**



Principal Place of Business: 1360 W KING ST COCOA FL 32922  
Mailing Address: 1360 W KING ST COCOA FL 32922

2. Principal Place of Business: 21 [ ] State, Apt. #, etc. 22 [ ] City & State 23 [ ] Zip 24 [ ] Country 25 [ ]  
2a. Mailing Address: 26 [ ] State, Apt. #, etc. 27 [ ] City & State 28 [ ] Zip 29 [ ] Country 30 [ ]

3. Date Incorporated or Chartered: 12/18/1924  
3a. Date of Last Report: 01/19/1995  
4. FID Number: 59-0452670  
5. Certificate of Status Desired:  Applied For  Not Applicable  
6. Election Campaign Financing Trust Fund Contribution:  \$8.75 Additional Fee Required  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**WOOTEN, FRANK DANIEL  
704 NICKLAUS DRIVE  
MELBOURNE FL 32940**

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 607.001 and 607.002, Florida Statutes, I hereby named corporation(s) in 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 Sections 607.001, Florida Statutes.

SIGNATURE: [ ] Date: [ ]

12. OFFICERS AND DIRECTORS

TITLE	PST	[ ] OFFICE
NAME	WOOTEN, FRANK D.	
STREET ADDRESS	704 NICKLAUS DR.	
CITY, ST, ZIP	MELBOURNE FL	
TITLE	V	[ ] OFFICE
NAME	WOOTEN, DAVID B.	
STREET ADDRESS	2615 WAGON ROAD	
CITY, ST, ZIP	COCOA FL	
TITLE		[ ] OFFICE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] OFFICE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] OFFICE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SEC/TRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT M. POLOSKEY	
STREET ADDRESS	54 RIDGE CT	
CITY, ST, ZIP	ROCKLEDGE FL 32955	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

300001764133  
-04/01/96--01025--004  
\*\*\*208.75

14. I do hereby certify that the information supplied herein is true, correct and complete to the best of my knowledge and belief. 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. I am an officer or director of this corporation or its predecessor corporation as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on a supplemental report with an address.

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

2/8/96 (407)632-2222  
S.C. 2-30-96

CR2E034 (12/95)