

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **252367** (8)

95 MAY -1 AM 8:32

1. Corporation Name

CLIFF FIELDS MOTORS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5600 PENSACOLA BLVD
PENSACOLA FL 32505

Mailing Address

5600 PENSACOLA BLVD
PENSACOLA FL 32505
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/20/1961

3a. Date of Last Report

04/25/1994

2. Principal Place of Business

21 705 N. New Warrington Rd

2a. Mailing Address

26 705 N. New Warrington Rd.

4. FEI Number

59-0836858

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

Pensacola, FL

28 City & State

Pensacola, Fl

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip 32506

25 Country Escambia

29 Zip 32506

30 Country Escambia

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

FIELDS, CLIFFORD B., JR.
10700 LILLIAN HWY
PENSACOLA FL 32506

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
3350 Mariner Ct.

83

84 City

Pensacola

FL

85 Zip Code 32526

11. 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.

SIGNATURE

Clifford B. Fields, Jr. President

Clifford B. Fields, Jr.

4/27/95

(Signature of individual or principal name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: VPSD
NAME: FIELDS SR., CLIFFORD B
STREET ADDRESS: 10642 LILLIAN HWY
CITY - ST - ZIP: PENSACOLA FL

1 1 TITLE
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP

Change Addition

TITLE: PTD
NAME: FIELDS JR., CLIFFORD B
STREET ADDRESS: 10700 LILLIAN HWY
CITY - ST - ZIP: PENSACOLA FL

2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP

Change Addition

3350 Mariner Ct.
Pensacola, FL 32526

TITLE: D
NAME: FIELDS, ALMA W
STREET ADDRESS: 10642 LILLIAN HWY
CITY - ST - ZIP: PENSACOLA FL

3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP

Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP

Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY - ST - ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. 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; 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Clifford B. Fields, Jr.

Clifford B. Fields Jr. Pres 4/27/95 904-457-4466

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

(Date)

(Telephone Number)