

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:47

DOCUMENT # **637691** (7)

1. Corporation Name  
**EXECUTIVE CARS OF WINTER HAVEN, INC.**

Principal Place of Business Mailing Address  
**704 3RD STREET, S.W.  
WINTER HAVEN FL 33880  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>09/27/1979</b>		3a. Date of Last Report <b>04/19/1994</b>	
4. FEI Number <b>59-1959501</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business				2a. Mailing Address			
21. Suite, Apt. #, etc.				26. Suite, Apt. #, etc.			
22. City & State				27. City & State			
23. Zip		25. Country		28. Zip		30. Country	
9. Name and Address of Current Registered Agent <b>BRUCE, JAMES W 4538 TIMBERLANE RD LAKE WALES FL 33853</b>				10. Name and Address of New Registered Agent 81 Name <b>B F Ford</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1496 Avenue I SW</b> 83 84 City <b>Winter Haven, FL</b> 85 Zip Code <b>33880</b>			

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 *[Signature]* DATE **5-1-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	NAME <b>FORD, B.F.</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1496 AVENUE I S.W.</b>	CITY - ST - ZIP <b>WINTER HAVEN FL</b>	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
TITLE <b>VP</b>	NAME <b>BRUCE, JAMES W</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>4538 TIMBERLANE RD</b>	CITY - ST - ZIP <b>LAKE WALES FL</b>	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	<b>NONE</b>
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

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)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attached report with an address.

SIGNATURE: *[Signature]* DATE **5-1-95** 113-293-6297