

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

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED  
AND  
FILED**

DOCUMENT # **653936** (5)

SEP 27 7 PM 1:52

1. Corporation Name  
**DYNAMIC MOTOR CAR CENTER, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**5411 PALMER BLVD.  
SARASOTA FL 34232-2731** **5411 PALMER BLVD.  
SARASOTA FL 34232-2731  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>01/22/1980</b>		3a. Date of Last Report <b>05/01/1994</b>	
4. FEI Number <b>59-2315825</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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

9. Name and Address of Current Registered Agent  
**PUGH, WILLIAM H., JR.  
RT. 2 BOX 342E 680 myakka Road  
SARASOTA FL 34240**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
B5 Zip Code **FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<b>P</b>
NAME	<b>PUGH, WILLIAM H., JR.</b>	1.2 NAME	<b>Pugh, William Jr.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>RT. 2 BOX 342E</b>	1.3 STREET ADDRESS	<b>680 myakka Road</b>
CITY - ST - ZIP	<b>SARASOTA FL</b>	1.4 CITY - ST - ZIP	<b>Sarasota, FL 34240</b>
TITLE	<b>ST</b>	2.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PUGH, PEGGY JEAN</b>	2.2 NAME	<b>Pugh, Peggy Jean</b>
STREET ADDRESS	<b>RT. 2 BOX 342E</b>	2.3 STREET ADDRESS	<b>680 myakka Road</b>
CITY - ST - ZIP	<b>SARASOTA FL</b>	2.4 CITY - ST - ZIP	<b>Sarasota, FL 34240</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY - ST - ZIP	
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		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 included 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: *Peggy J. Pugh* *William H. Pugh* **2/22/95** **813-371-8844**  
NON-APPLICABLE TYPED OR PRINTED NAME OF BOARD OF DIRECTORS Secretary of State