

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F01209 (8)**

1. Corporation Name
ACTION MOTORS, INC.



Principal Place of Business: **2576 NO OB TRAIL, KISSIMMEE FL 34743, US**
Mailing Address: **2500 W PATRICK, KISSIMMEE FL 34741-5941, US**

3. Date Incorporated or Qualified: **10/01/1980**
3a. Date of Last Report: **04/20/1995**
4. FEI Number: **59-2026795**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 2720 N OB Trail, Kissimmee, FL 34744, Osceola**
2a. Mailing Address: **26 2720 N OB Trail, Kissimmee, FL 34744, Osceola**

9. Name and Address of Current Registered Agent: **HOUCHINS, MARION, 2500 WEST PATRICK ST., KISSIMMEE FL 34741-2941**
10. Name and Address of New Registered Agent: **81 Name: HOUCHINS, ROY O; 82 Street Address: 2590 Flamboyant St.; 83; 84 City: Kissimmee, FL; 85 Zip Code: 34744**

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 607.0506, Florida Statutes.

SIGNATURE: *[Signature]* **Roy O Houchins**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11.1 TITLE: PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.2 NAME: HOUCHINS, MARION		1.2 NAME: HOUCHINS, ROY O	
11.3 STREET ADDRESS: 2500 WEST PATRICK ST., KISSIMMEE FL		1.3 STREET ADDRESS: 2590 Flamboyant St., Kissimmee, FL 34744	
11.4 CITY, ST, ZIP: SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.5 NAME: HOUCHINS, JUNE		2.2 NAME: HOUCHINS, MARION	
11.6 STREET ADDRESS: 2500 WEST PATRICK ST., KISSIMMEE FL		2.3 STREET ADDRESS: 2500 W. Patrick St, Kissimmee, FL 34741	
11.7 CITY, ST, ZIP: [] DELETE		2.4 CITY, ST, ZIP: [] DELETE	
11.8 NAME: [] DELETE		3.1 TITLE: [] DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.9 STREET ADDRESS: [] DELETE		3.2 NAME: [] DELETE	
11.10 CITY, ST, ZIP: [] DELETE		3.3 STREET ADDRESS: [] DELETE	
11.11 NAME: [] DELETE		3.4 CITY, ST, ZIP: [] DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.12 STREET ADDRESS: [] DELETE		4.1 TITLE: [] DELETE	
11.13 CITY, ST, ZIP: [] DELETE		4.2 NAME: [] DELETE	
11.14 NAME: [] DELETE		4.3 STREET ADDRESS: [] DELETE	
11.15 STREET ADDRESS: [] DELETE		4.4 CITY, ST, ZIP: [] DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.16 CITY, ST, ZIP: [] DELETE		5.1 TITLE: [] DELETE	
11.17 NAME: [] DELETE		5.2 NAME: [] DELETE	
11.18 STREET ADDRESS: [] DELETE		5.3 STREET ADDRESS: [] DELETE	
11.19 CITY, ST, ZIP: [] DELETE		5.4 CITY, ST, ZIP: [] DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.20 NAME: [] DELETE		6.1 TITLE: [] DELETE	
11.21 STREET ADDRESS: [] DELETE		6.2 NAME: [] DELETE	
11.22 CITY, ST, ZIP: [] DELETE		6.3 STREET ADDRESS: [] DELETE	
11.23 NAME: [] DELETE		6.4 CITY, ST, ZIP: [] DELETE	

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 119.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

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

CR2E034 (12/95)