

2-1-95-B-738-NC  
**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**FILED**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 95 FEB - 1 AM 11: 38

CORPORATION ANNUAL REPORT 1995  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS



DOCUMENT # J32411 (7)  
 1. Corporation Name  
**PREMIER SUBARU, INC.**

Principal Place of Business Mailing Address  
 1119 SOUTH PINE AVE. 1119 SOUTH PINE AVE.  
 OCALA FL 34471 OCALA FL 34471

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

DO NOT WRITE IN THIS SPACE.  
 3. Date Incorporated or Qualified 3a. Date of Last Report  
 09/09/1986 06/02/1994  
 4. FEI Number Applied For  
 59-2336539 Not Applicable  
 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

9. Name and Address of Current Registered Agent  
**HASKINS, MONTY**  
**1235 BRIGHTON WAY**  
**LAKELAND FL**

10. Name and Address of New Registered Agent  
 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 607.0502 and 607.1608, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	HASKINS, MONTY
STREET ADDRESS	1235 BRIGHTON WAY
CITY - ST - ZIP	LAKELAND FL
TITLE	V
NAME	PETWAY, THOMAS F III
STREET ADDRESS	6724 EPPING FOREST WAY
CITY - ST - ZIP	N. JACKSONVILLE FL 32217
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied for 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 this 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 as an officer or director.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TITLE OF REGISTERED AGENT OR OFFICER OR DIRECTOR Date District/County #