

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 # **K38389** (8)

1. Corporation Name
C. NOLAN MOTOR CORP.



Principal Place of Business Meeting Address
4700 SOUTHSIDE BLVD. JACKSONVILLE FL 32216

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

3. Date Incorporated or Qualified **10/04/1988** 3a. Date of Last Report **01/18/1995**
4. FEI Number **59-2914330** Applied For 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. 190.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**HELMICK, JOHN P., JR.
4700 SOUTHSIDE BLVD.
JACKSONVILLE FL 32216**

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 607.0902 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 607.0905, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

11.1 TITLE	PD	<input type="checkbox"/> DELETE
11.2 NAME	HELMICK, JOHN P., JR.	
11.3 STREET ADDRESS	4700 SOUTHSIDE BLVD.	
11.4 CITY, ST, ZIP	JACKSONVILLE FL	
11.5 TITLE	V	<input type="checkbox"/> DELETE
11.6 NAME	HELMICK, CLAUDETTE B.	
11.7 STREET ADDRESS	4700 SOUTHSIDE BLVD.	
11.8 CITY, ST, ZIP	JACKSONVILLE FL	
11.9 TITLE	AS	<input type="checkbox"/> DELETE
11.10 NAME	LOVE, THOMAS	
11.11 STREET ADDRESS	4700 SOUTHSIDE BLVD.	
11.12 CITY, ST, ZIP	JACKSONVILLE FL	
11.13 TITLE	AS	<input type="checkbox"/> DELETE
11.14 NAME	HELMICK, MARC A.	
11.15 STREET ADDRESS	4700 SOUTHSIDE BLVD.	
11.16 CITY, ST, ZIP	JACKSONVILLE FL	
11.17 TITLE		<input type="checkbox"/> DELETE
11.18 NAME		
11.19 STREET ADDRESS		
11.20 CITY, ST, ZIP		
11.21 TITLE		<input type="checkbox"/> DELETE
11.22 NAME		
11.23 STREET ADDRESS		
11.24 CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	
13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 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 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. 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 as changed, or on an addition with an address.

SIGNATURE: *[Signature]* Thomas Love 1/30/96 904-642-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)