

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 24 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1997



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

**DOCUMENT # K38389 (8)**  
 1. Corporation Name  
**C. NOLAN MOTOR CORP.**



Principal Place of Business  
**4700 SOUTHSIDE BLVD.  
 JACKSONVILLE FL 32216**

Mailing Address  
**4700 SOUTHSIDE BLVD.  
 JACKSONVILLE FL 32216-6359**

21 Principal Place of Business  
 22 State Apt. #, etc.  
 23 City & State  
 24 Zip  
 25 Country

2a. Mailing Address  
 26 State Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country  
 30

3. Date Incorporated or Qualified  
**10/04/1988**

3a. Date of Last Report  
**02/02/1996**

4. FEI Number  
**59-2914330**

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

**10. Name and Address of New Registered Agent**

B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0802 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 \_\_\_\_\_ (RIGHT) Registered Agent signature required when reinstating \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

1.1 TITLE  DELETE  
 NAME **PD HELMICK, JOHN P., JR.**  
 STREET ADDRESS **4700 SOUTHSIDE BLVD.**  
 CITY-STATE-ZIP **JACKSONVILLE FL**

1.2 TITLE  DELETE  
 NAME **V HELMICK, CLAUDETTE B.**  
 STREET ADDRESS **4700 SOUTHSIDE BLVD.**  
 CITY-STATE-ZIP **JACKSONVILLE FL**

1.3 TITLE  DELETE  
 NAME **AS LOVE, THOMAS**  
 STREET ADDRESS **4700 SOUTHSIDE BLVD.**  
 CITY-STATE-ZIP **JACKSONVILLE FL**

1.4 TITLE  DELETE  
 NAME **AS HELMICK, MARC A.**  
 STREET ADDRESS **4700 SOUTHSIDE BLVD.**  
 CITY-STATE-ZIP **JACKSONVILLE FL**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-STATE-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-STATE-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-STATE-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-STATE-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-STATE-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, unchanged, or on an attachment with an address.

SIGNATURE: *Thomas Love* *Thomas Love* 3/17/97 904-842-5111  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Telephone No.

CR2E034 (9/96)