

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # L21298

1. Corporation Name

SOUTHSIDE DODGE-KISSIMMEE, INC.

(9)

FILED
JAN 27 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2880 NORTH ORANGE BLOSSOM TRAIL
KISSIMMEE FL 34744-1132**

Mailing Address
**2880 NORTH ORANGE BLOSSOM TRAIL
KISSIMMEE FL 34744-1132**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/09/1989** 3a. Date of Last Report **02/28/1994**

4. FEI Number **59-2978132** 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. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LALLY, JASVINDER S.
2880 N ORANGE BLOSSOM TR
KISSIMMEE FL 32743**

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 607.1508, 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

Signature, typed or printed name of registered agent, and fee if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **LALLY, JASVINDER S.**
STREET ADDRESS **2880 N. ORANGE BLSTM. TR.**
CITY-ST-ZIP **KISSIMMEE FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE

1.2 NAME

NAME

1.3 STREET ADDRESS

STREET ADDRESS

1.4 CITY-ST-ZIP

CITY-ST-ZIP

2.1 TITLE

TITLE

2.2 NAME

NAME

2.3 STREET ADDRESS

STREET ADDRESS

2.4 CITY-ST-ZIP

CITY-ST-ZIP

3.1 TITLE

TITLE

3.2 NAME

NAME

3.3 STREET ADDRESS

STREET ADDRESS

3.4 CITY-ST-ZIP

CITY-ST-ZIP

4.1 TITLE

TITLE

4.2 NAME

NAME

4.3 STREET ADDRESS

STREET ADDRESS

4.4 CITY-ST-ZIP

CITY-ST-ZIP

5.1 TITLE

TITLE

5.2 NAME

NAME

5.3 STREET ADDRESS

STREET ADDRESS

5.4 CITY-ST-ZIP

CITY-ST-ZIP

6.1 TITLE

TITLE

6.2 NAME

NAME

6.3 STREET ADDRESS

STREET ADDRESS

6.4 CITY-ST-ZIP

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 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an addendum with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-95 (107) 847-516-5
Date Officer's Name