SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL 25 PM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **N14758** (9)

1. Corporation Name

ORLANDO DISTRICT FORD PARTS AND SERVICE CLUB, INC.

Principal Place of Business	Mailing Address
3651 KIMMER ROWE DRIVE TALLAHASSEE FL 32308	3651 KIMMER ROWE DRIVE TALLAHASSEE FL 32308

3. Date Incorporated or Qualified: **05/06/1986**

3a. Date of Last Report: **08/08/1994**

4. FEI Number: **59-2800309** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Certified Copy (if Desired) ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BARRINEAU, ARCHIE
3651 KIMMER ROWE DR.
TALLAHASSEE FL 32308

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 Section 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (Typed or Printed Name of Registered Agent and Title, if Applicable) (Registered Agent's Signature is required when mandatory) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, DELETIONS AND/OR ADDRESS CHANGES	
11 TITLE	VD	11 TITLE	☐ Change ☐ Addition
12 NAME	BARRINEAU, ARCHIE	12 NAME	
13 STREET ADDRESS	243 N. MAGNOLIA DR.	13 STREET ADDRESS	
14 CITY ST ZIP	TALLAHASSEE FL	14 CITY ST ZIP	
21 TITLE	P	21 TITLE	☐ Change ☐ Addition
22 NAME	BENNETT, RICHARD	22 NAME	100001547721
23 STREET ADDRESS	4540 CLEVELAND AVE.	23 STREET ADDRESS	-07/27/95--01059--015
24 CITY ST ZIP	FT. MYERS FL	24 CITY ST ZIP	****155.00 ****155.00
31 TITLE	D	31 TITLE	☐ Change ☐ Addition
32 NAME	SCHLEICHER, DON	32 NAME	
33 STREET ADDRESS	555 34TH ST. SOUTH	33 STREET ADDRESS	
34 CITY ST ZIP	ST. PETERSBURG FL	34 CITY ST ZIP	
41 TITLE	D	41 TITLE	☐ Change ☐ Addition
42 NAME	BREWER, W.L.	42 NAME	
43 STREET ADDRESS	1616 CASSAT AVE.	43 STREET ADDRESS	
44 CITY ST ZIP	JACKSONVILLE FL	44 CITY ST ZIP	
51 TITLE	D	51 TITLE	☐ Change ☐ Addition
52 NAME	SULLIVAN, BOB	52 NAME	7/25/95 MB
53 STREET ADDRESS	3400 14TH ST.	53 STREET ADDRESS	
54 CITY ST ZIP	BRADENTON FL	54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

CR2E037 (3/95)

14. I/We hereby certify that the information supplied with this filing is true and accurate. For profit corporations only: I/We further certify that I am a director, officer or agent of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 with an address.

SIGNATURE: Archie Barrineau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002690