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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 32308-6705

3. Date Incorporated or Qualified: 05/06/1986
3a. Date of Last Report: 07/30/1996

2. Principal Place of Business — 21: 12840 93rd Ave N.
2a. Mailing Address — 26: 12840 93rd Ave N
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23: SEMINOLE, FL.
City & State — 28: SEMINOLE, FL.
Zip — 24: 33776
Country — 25:
Zip — 29: 33776
Country — 30:

4. FEI Number: 59-2800309 ☐ 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

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: Russ Caron
82 Street Address (P.O. Box Number is Not Acceptable): 12840 93rd Ave N.
83:
84 City: SEMINOLE FL 85 Zip Code: 33776

11. Pursuant to the provisions of Sections 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: Russ Caron — Russ Caron — DIRECTOR — 3/6/97
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☒ DELETE	1.1 TITLE	(D) DIRECTOR	☐ Change ☒ Addition
NAME	BARRINEAU, ARCHIE		1.2 NAME	Russ Caron	
STREET ADDRESS	243 N. MAGNOLIA DR.		1.3 STREET ADDRESS	12840 93rd Ave N	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	Seminole, FL. 33776	
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BENNETT, RICHARD		2.2 NAME		
STREET ADDRESS	4540 CLEVELAND AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHLEICHER, DON		3.2 NAME		
STREET ADDRESS	555 34TH ST. SOUTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BREWER, W.L.		4.2 NAME		
STREET ADDRESS	1616 CASSAT AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SULLIVAN, BOB		5.2 NAME		
STREET ADDRESS	3400 14TH ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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

SIGNATURE: Russ Caron — Russ Caron — 3/6/97 — (813) 535-3673 EXT230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0007866