

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:52

DOCUMENT # **P20540** (1)

Corporation Name
BRANDON DODGE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **9815 CURRIE DAVIS DR. TAMPA FL 33619-2652**
Mailing Address: **PO BOX 76037 TAMPA FL 33619 US**

3. Date Incorporated or Qualified: **08/18/1988**
3a. Date of Last Report: **02/23/1994**

4. FEI Number: **59-2938843**
Applied For: Applied For
Not Applicable: 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	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City		
				FL	B5	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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. NAME	PD WOODS, SANFORD L. 9815 CURRIE DAVIS DR. TAMPA FL	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	VP CHUMBLEY, REX 9815 CURRIE DAVIS DR. TAMPA FL	12. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME	STD ZOSS, SHARON R. 9815 CURRIE DAVIS DR. TAMPA FL	13. NAME	RESIGNED AS OFFICER MAY 14, 1994
14. NAME	D WOODS, VERNA M 9815 CURRIE DAVIS DR. TAMPA FL	14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. NAME		15. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME		16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. NAME		17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME		19. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME		20. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(2)(b), Florida Statutes. I further certify that the information indicated on the annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. This information is being filed on the manner or manner authorized to file this report as required by Chapter 607, Florida Statutes, and that my name appears on the back of the original report or annual report with my address.

SIGNATURE: *S. L. Woods* S. L. WOODS 12/31/94 813 620 4300