

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P20540** (1)

1. Corporation Name  
**BRANDON DODGE, INC.**



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: **01/17/1995**  
4. FEI Number: **59-2938843** 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: 21. State, Apt. #, etc. 22. City & State 23. Zip 24. Country 25. 26. Mailing Address 27. State, Apt. #, etc. 28. City & State 29. Zip 30. Country 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 Sections 607.0412 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 607.0409, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS  
NAME: **PD WOODS, SANFORD L.**  DELETE  
STREET ADDRESS: **9815 CURRIE DAVIS DR. TAMPA FL**  
CITY, STATE, ZIP: **STD**  
NAME: **ZOSS, SHARON R.**  DELETE  
STREET ADDRESS: **9815 CURRIE DAVIS DR. TAMPA FL**  
CITY, STATE, ZIP: **D**  
NAME: **WOODS, VERNA M**  DELETE  
STREET ADDRESS: **9815 CURRIE DAVIS DR. TAMPA FL**  
CITY, STATE, ZIP:  DELETE  
NAME:  DELETE  
STREET ADDRESS:  DELETE  
CITY, STATE, ZIP:  DELETE  
NAME:  DELETE  
STREET ADDRESS:  DELETE  
CITY, STATE, ZIP:  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1. TITLE  Change  Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY, STATE, ZIP  
5. TITLE  Change  Addition  
6. NAME  
7. STREET ADDRESS  
8. CITY, STATE, ZIP  
9. TITLE  Change  Addition  
10. NAME  
11. STREET ADDRESS  
12. CITY, STATE, ZIP  
13. TITLE  Change  Addition  
14. NAME  
15. STREET ADDRESS  
16. CITY, STATE, ZIP  
17. TITLE  Change  Addition  
18. NAME  
19. STREET ADDRESS  
20. CITY, STATE, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 registered or trusted agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in Block 14 if added, with an address.

SIGNATURE: *S. L. Woods*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**PRESIDENT**

**S. L. WOODS 01/18/96 813-620-4300**

CR2E034 (12/95)