FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

94 AUG 11 AM 10: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
TALLAHASSEE MOTORS INC.

DOCUMENT #
139301 (6)

Mailing Address
P.O. BOX 510
TALLAHASSEE FL 32301

Principal Place of Business
P.O. BOX 510
TALLAHASSEE FL 32301

If above addresses are incorrect in any way, line through incorrect information and enter correct information.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/01/1940**
3a. Date of Last Report: **06/09/1993**

2. Mailing Address
21
2a. Principal Place of Business
20 243 N Magnolia Dr

4. FEI Number: **59-0474263** — Applied For / Not Applicable

Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00 May Be Added to Fees**

City & State 23
City & State 28 Tallahassee Fl

7. Nonprofit Exempt from $108.75 Supplemental Fee ☐

Zip 24 | Country 25
Zip 29 32301 | Country 30 LEON

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

9. Name and Address of Current Registered Agent

HUMPHRIES J. GREGORY
~~201 E PINE ST., STE. 700~~
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 201 E. Pine St., Suite 701
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or 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, Sections 607.0505 and 607.0506, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) (NOTE: Registered Agent must sign above or below)

DATE

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P		D/P
12 NAME	HIGGINBOTHAM, R. L.		
13 STREET ADDRESS	243 NORTH MAGNOLIA DR		
14 CITY, ST, ZIP	TALLAHASSEE FL 32301		
21 TITLE	V		D/V
22 NAME	MEALEY, DONALD C.		
23 STREET ADDRESS	350 S. LAKE DESTINY DR		
24 CITY, ST, ZIP	ORLANDO FL 32810		
31 TITLE	V		D/V
32 NAME	SERRA, ALBERT M.		
33 STREET ADDRESS	3118 E. HILL RD		
34 CITY, ST, ZIP	GRAND BLANC MI		
41 TITLE	S		
42 NAME	PEACOCK, W. WARNER		
43 STREET ADDRESS	350 S. LAKE DESTINY DR		
44 CITY, ST, ZIP	ORLANDO FL 32810		
51 TITLE	T		
52 NAME	LUMPKIN, JOHN		
53 STREET ADDRESS	243 N MAGNOLIA DRIVE		
54 CITY, ST, ZIP	TALLAHASSEE FL 32301		
61 TITLE			DP
62 NAME			
63 STREET ADDRESS			
64 CITY, ST, ZIP			

14. I do hereby certify that the information supplied with this report, pursuant to Section 607.1608, Florida Statutes, relieves the Division of Corporations from any liability of non-compliance with Section 607.1608, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that I have authority to sign this report on behalf of the corporation. I further certify that I have fulfilled all obligations concerning tax liens, if applicable, in accordance with Section 607.1608, Florida Statutes. I am the president or vice president or director or officer or other duly empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attached amendment, or on a separate document with an address.

SIGNATURE: John Lumpkin John Lumpkin Treas 5/4/94 904-877-1171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR