

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 10:01

DOCUMENT # 840578 (9)

1. Corporation Name

DELAND FORD, LINCOLN-MERCURY, INC.

Principal Place of Business

2655 N. VOLUSIA AVE.
P.O. BOX 741120
ORANGE CITY FL 32774-8120

Mailing Address

2655 N. VOLUSIA AVE.
P.O. BOX 741120
ORANGE CITY FL 32774-8120

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/02/1978 3a. Date of Last Report 04/18/1994

4. FEI Number 59-1808492 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 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

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

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 607.0502 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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	LACEY, EDWARD T.
STREET ADDRESS	3356 CIR OAKS TR
CITY-ST-ZIP	DELAND FL
TITLE	VPD
NAME	WALKER, BETTY A. / / / /
STREET ADDRESS	102 D E VILLA CAPRI CR
CITY-ST-ZIP	DELAND FL
TITLE	DVP
NAME	LACEY, THOMAS L
STREET ADDRESS	1039 TORCHWOOD DR
CITY-ST-ZIP	DELAND FL
TITLE	STD
NAME	TABAR, PAULA L
STREET ADDRESS	1521 ROBINWOOD DRIVE
CITY-ST-ZIP	DELAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	2327 Southern Pines Place
1.4 CITY-ST-ZIP	Deland FL 32724
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	retired 2/1/95
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 receiver or trustee 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 on an attachment with an address.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paula L. Tabar-STD

3/15/95

904 775-1000

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