FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996 4-12-96 B- 35518 mc

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

DOCUMENT # **139301** **(6)**

1. Corporation Name

TALLAHASSEE MOTORS INC.

Principal Place of Business

243 N. MAGNOLIA DR.
TALLAHASSEE FL 32301
US

Mailing Address

P.O. BOX 510
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified: **07/01/1940**

3a. Date of Last Report: **04/25/1995**

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

2. Principal Place of Business 21

Suite, Apt. #, etc. 22

City & State 23

Zip 24 Country 25

2a. Mailing Address 26

Suite, Apt. #, etc. 27

City & State 28

Zip 29 Country 30

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**

HUMPHRIES, J. GREGORY
201 E. PINE ST
STE. 701
ORLANDO FL 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 title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	HIGGINBOTHAM, R L	
STREET ADDRESS	243 NORTH MAGNOLIA DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DV	☐ DELETE
NAME	MEALEY, DONALD C	
STREET ADDRESS	350 S. LAKE DESTINY DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DV	☐ DELETE
NAME	SERRA, ALBERT M	
STREET ADDRESS	3118 E. HILL RD	
CITY-ST-ZIP	GRAND BLANC MI	
TITLE	S	☐ DELETE
NAME	PEACOCK, W. WARNER	
STREET ADDRESS	350 S. LAKE DESTINY DR	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	T	☐ DELETE
NAME	LUMPKIN, JOHN	
STREET ADDRESS	243 N MAGNOLIA DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
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		

CR2E034 (12/95)

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 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 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: John Lumpkin John Lumpkin Treas 4/8/96 904 877-1171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #