

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 014843 (7)

1. Corporation Name  
**WARREN WOOTEN FORD, INC.**



Principal Place of Business: 1360 W KING ST COCOA FL 32922  
Mailing Address: 1360 W KING ST COCOA FL 32922

2. Principal Place of Business: 21 State, Apt #, etc; 22 City & State; 23 Zip; 24 Country; 25  
2a. Mailing Address: 26 State, Apt #, etc; 27 City & State; 28 Zip; 29 Country; 30

3. Date Incorporated or Quoted: 12/18/1924  
3a. Date of Last Report: 01/19/1995  
4. FID Number: 59-0452670  
5. Certificate of Status Desired:  Applied For,  Not Applicable  
6. Election Campaign Financing Trust Fund Contribution:  \$8.75 Additional Fee Required,  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes,  No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**WOOTEN, FRANK DANIEL  
704 NICKLAUS DRIVE  
MELBOURNE FL 32940**

81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.001 and 607.002, Florida Statutes, I hereby named corporation(s) in 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 607.001 and 607.002, Florida Statutes.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PST	WOOTEN, FRANK D.	704 NICKLAUS DR. MELBOURNE FL
TITLE	V	WOOTEN, DAVID B.	2615 WAGON ROAD COCOA FL
TITLE			
TITLE			
TITLE			
TITLE			
TITLE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

SECRETRES.  
ROBERT M. POLOSKEY  
54 RIDGE CT  
ROCKLEDGE FL 32955

300001764133  
-04/01/96--01025--004  
\*\*\*208.75

14. I do hereby certify that the information supplied herein is true, correct and complete to the best of my knowledge and belief, and that I am duly qualified to act as a registered agent for the corporation named herein. I further certify that the information indicated on this form is correct and complete to the best of my knowledge and belief, and that my signature shall have the same legal effect as if made under oath. This form and office or date of this registration is the same as or more complete than that required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on a subsequent filing with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR: *[Signature]*

2/8/96 (407)632-2222  
S.C. 2-30-96

CR2E034 (12/95)