FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 27 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **130993** **(9)**

1. Corporation Name
NOLAN-BROWN MOTORS INC

Principal Place of Business	Mailing Address
4250 LAKESIDE DR STE 208 JACKSONVILLE FL 32210 US	PO BOX 22 ORTEGA STATION JACKSONVILLE FL 32210 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/01/1928**
3a. Date of Last Report: **04/19/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-0378270** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 | Country — 25
Zip — 29 | Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HELMICK, JOHN P. JR.
4250 LAKESIDE DR #208
JACKSONVILLE FL 32210

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	11 TITLE	DECEASED	☒ Change ☐ Addition
NAME	BROWN, CLAUDE NOLAN	12 NAME		
STREET ADDRESS	4250 LAKESIDE DR #208	13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	HELMICK, JR JOHN P	22 NAME		
STREET ADDRESS	4250 LAKESIDE DR #208	23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	24 CITY-ST-ZIP		
TITLE	SVD	31 TITLE		☐ Change ☐ Addition
NAME	BROWN, BARRET	32 NAME		
STREET ADDRESS	4250 LAKESIDE DR #208	33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	34 CITY-ST-ZIP		
TITLE	PTD	41 TITLE		☐ Change ☐ Addition
NAME	BROWN, LILA BYRD	42 NAME		
STREET ADDRESS	4250 LAKESIDE DR #208	43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	44 CITY-ST-ZIP		
TITLE	AS	51 TITLE		☐ Change ☐ Addition
NAME	HELMICK, EMILY S	52 NAME		
STREET ADDRESS	4250 LAKESIDE DR #208	53 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 119.07(3)(i), 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: Barret Brown BARRET BROWN 4/25/95 904/389-7340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0016441 CP