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Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 130993

(9)

1. Corporation Name

NOLAN-BROWN MOTORS INC

Principal Place of Business

4250 LAKESIDE DR
STE 208
JACKSONVILLE FL 32210
US

Mailing Address

PO BOX 22
ORTEGA STATION
JACKSONVILLE FL 32210-0022
US

2. Principal Place of Business

21

Suite, Apt #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

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's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD
NAME HELMICK, JR JOHN P
STREET ADDRESS 4250 LAKESIDE DR #208
CITY-STATE-ZIP JACKSONVILLE, FL 00000

☐ DELETE

TITLE SVD
NAME BROWN, BARRET
STREET ADDRESS 4250 LAKESIDE DR #208
CITY-STATE-ZIP JACKSONVILLE, FL 00000

☐ DELETE

TITLE PTD
NAME BROWN, LILA BYRD
STREET ADDRESS 4250 LAKESIDE DR #208
CITY-STATE-ZIP JACKSONVILLE, FL 00000

☐ DELETE

TITLE AS
NAME HELMICK, EMILY S
STREET ADDRESS 4250 LAKESIDE DR #208
CITY-STATE-ZIP JACKSONVILLE FL

☒ DELETE

TITLE AV
NAME HELMICK, MARC A
STREET ADDRESS 4250 LAKESIDE DRIVE 208
CITY-STATE-ZIP JACKSONVILLE FL

☐ DELETE

TITLE AV
NAME HELMICK, CLAUDETTE B
STREET ADDRESS 4250 LAKESIDE DRIVE 208
CITY-STATE-ZIP JACKSONVILLE FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

AS/V/D

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

AV/S

☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing 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:

Lila Byrd Brown 4/14/97 84-389-7340

CR2E034 (9/96)