

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/01/1940	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0474263	Applied For Not Applicable
22	City & State	27	City & State	6. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HUMPHRIES, J. GREGORY 20 NORTH ORANGE AVE STE #1000 ORLANDO FL 32801		81 Name Gregory J Humphries o/o Shuttlesworth 82 Street Address (P.O. Box Number is Not Acceptable) 20 NORTH ORANGE AVE. Suite 1000 83 84 City Orlando FL 85 Zip Code 32801	

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP HIGGINBOTHAM, R L 243 NORTH MAGNOLIA DR TALLAHASSEE FL	1.1 TITLE	☐ Change ☐ Addition
NAME	DV MEALEY, DONALD C 350 S. LAKE DESTINY DR ORLANDO FL	1.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	DV SERRA, ALBERT M 3118 E. HILL RD GRAND BLANC MI	1.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP	S PEACOCK, W. WARNER 350 S. LAKE DESTINY DR ORLANDO FL 32810	1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	T LUMPKIN, JOHN 243 N MAGNOLIA DRIVE TALLAHASSEE FL 32301	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		2.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP		2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		3.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP		3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		4.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP		4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		5.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP		5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		6.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP		6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I 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: *John Lumpkin* 4/17/98 850-877-1171

CP2E034 (10/97)