SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 11:25

DOCUMENT # 145530 (2)

1. Corporation Name
NORTH FLORIDA MOTOR COMPANY

Principal Place of Business	Mailing Address
4620 SOUTHSIDE BLVD. JACKSONVILLE FL 32216	4620 SOUTHSIDE BLVD. JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/16/1946
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)

4. FEI Number: 59-0542573 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) (27)

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State (23) (28)

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip (24) (29) County (25) (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

LYNCH,HAL
1805 COPELAND ST
JACKSONVILLE FL 32202

address change only

10. Name and Address of New Registered Agent

81 Name: LYNCH, HAL
82 Street Address (P.O. Box Number is Not Acceptable): 2165 RIVER BLVD
83
84 City: JACKSONVILLE FL 85 Zip Code: 32202

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	PD	11 TITLE		☒ Change ☐ Addition
NAME	LYNCH,HAL	12 NAME		
STREET ADDRESS	1805 COPELAND ST	13 STREET ADDRESS	2165 River Blvd	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP		
TITLE	STD	21 TITLE		☒ Change ☐ Addition
NAME	LYNCH, LARRY	22 NAME		
STREET ADDRESS	1805 COPELAND ST	23 STREET ADDRESS	2165 River Blvd	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	LYNCH, FRANCES T.	32 NAME		
STREET ADDRESS	1805 COPELAND ST	33 STREET ADDRESS	2165 River Blvd	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP		
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	LYNCH, WILLIAM B.	42 NAME		
STREET ADDRESS	4620 SOUTHSIDE BLVD.	43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP		
TITLE	V	51 TITLE		☒ Change ☐ Addition
NAME	RAMBACH, LARRY	52 NAME		
STREET ADDRESS	1805 COPELAND ST	53 STREET ADDRESS	2165 River Blvd	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP		
TITLE	AS	61 TITLE	AS	☒ Change ☒ Addition
NAME	MORRIS, LISA	62 NAME	LE BARON, JUDY H.	
STREET ADDRESS	4620 SOUTHSIDE BLVD.	63 STREET ADDRESS	4620 Southside Blvd	
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	Jacksonville FL 32216	

CR2E034 (3/95)

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)(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: Judy H LeBaron Judy H Le Baron 6/15/95 (904)642-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003330 CP