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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 PM 1:35

DOCUMENT # **147203** **(4)**

1. Corporation Name
LYNCH-DAVIDSON MOTORS INC

Principal Place of Business	Mailing Address
9650 ATLANTIC BLVD. JACKSONVILLE FL 32225	9650 ATLANTIC BLVD. JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/01/1946**
3a. Date of Last Report: **01/13/1994**

2. Principal Place of Business 21
2a. Mailing Address 26
4. FEI Number: **59-0578156** ☐ 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

NICHOLS, ROBERT C.
225 WALTER ST
SUITE 1235
JACKSONVILLE FL 32202

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 of new registered agent, if changed) (Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	91 TITLE	☐ Change ☐ Addition
12 NAME	DAVIDSON, FIELD A	92 NAME	
13 STREET ADDRESS	9650 ATLANTIC BLVD.	93 STREET ADDRESS	
14 CITY ST ZIP	JACKSONVILLE FL 32225	94 CITY ST ZIP	
21 TITLE	PD	101 TITLE	☐ Change ☐ Addition
22 NAME	DAVIDSON, MICHAEL F	102 NAME	
23 STREET ADDRESS	9650 ATLANTIC BLVD.	103 STREET ADDRESS	
24 CITY ST ZIP	JACKSONVILLE FL 32225	104 CITY ST ZIP	
31 TITLE	VD	111 TITLE	☒ Change ☐ Addition
32 NAME	SMITH, ANN DAVIDSON	112 NAME	DELETE
33 STREET ADDRESS	9650 ATLANTIC BLVD.	113 STREET ADDRESS	
34 CITY ST ZIP	JACKSONVILLE FL 32225	114 CITY ST ZIP	
41 TITLE	SD	121 TITLE	☐ Change ☐ Addition
42 NAME	NICHOLS, ROBERT C.	122 NAME	
43 STREET ADDRESS	9650 ATLANTIC BLVD.	123 STREET ADDRESS	
44 CITY ST ZIP	JACKSONVILLE FL 32225	124 CITY ST ZIP	
51 TITLE		131 TITLE	☐ Change ☐ Addition
52 NAME		132 NAME	
53 STREET ADDRESS		133 STREET ADDRESS	
54 CITY ST ZIP		134 CITY ST ZIP	
61 TITLE		141 TITLE	☐ Change ☐ Addition
62 NAME		142 NAME	
63 STREET ADDRESS		143 STREET ADDRESS	
64 CITY ST ZIP		144 CITY ST ZIP	

14. I do hereby certify that the information supplied with this report is absolutely 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 above, or on an attachment with an address.

SIGNATURE: _____ 1/16/95 904-725-3060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010406 CP