

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **199901** (0)

1. Corporation Name

**BOB PFORTE MOTORS, INC.**



Principal Place of Business

**4214 W LAFAYETTE ST.  
P. O. BOX 916  
MARIANNA FL 32447**

Mailing Address

**4214 W LAFAYETTE ST.  
P. O. BOX 916  
MARIANNA FL 32447**

3. Date Incorporated or Qualified

**02/13/1957**

3a. Date of Last Report

**01/23/1995**

4. FEI Number

**59-0807193**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**PFORTE, ROBERT  
2958 HERITAGE RD  
MARIANNA FL 32446**

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

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **ST  
PFORTE, ROBERT**  
STREET ADDRESS **2958 HERITAGE RD**  
CITY-STATE-ZIP **MARIANNA FL**

TITLE ☐ DELETE

NAME **VP  
PFORTE, JOHN**  
STREET ADDRESS **4214 LAFAYETTE ST**  
CITY-STATE-ZIP **MARIANNA FL**

TITLE ☐ DELETE

NAME **ST  
WALKER, BETTY M**  
STREET ADDRESS **RT #1 BOX 99**  
CITY-STATE-ZIP **COLUMBIA AL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **V. President  
Ronald Farrell**  
1.3 STREET ADDRESS **2044 Apalachee Trail**  
1.4 CITY-STATE-ZIP **Marianna, FL 32446**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **President  
Robert Pforte**  
3.3 STREET ADDRESS **2958 Heritage Rd**  
3.4 CITY-STATE-ZIP **Marianna, FL**

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 ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-6-96**

Date

**904-482-4601**

Daytime Phone #

CR2E034 (12/95)