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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 229228 (2)

**1. Corporation Name
DEEL MOTORS, INC.**

Principal Place of Business

**5949 BRAINERD RD
CHATTANOOGA TN 37421**

Mailing Address

**5949 BRAINERD RD
CHATTANOOGA TN 37421**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/17/1959 **3a. Date of Last Report 04/06/1994**
4. FEI Number 59-0876610 **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**

2. Principal Place of Business **2a. Mailing Address**
21 **26**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**
22 **27**
City & State **City & State**
23 **28**
Zip **Country** **Zip** **Country**
24 **25** **29** **30**

9. Name and Address of Current Registered Agent

**QUNTON, AL
80 SW 8 ST 2804
WORLD TRADE CENTER
MIAMI FL 33130**

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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD**
NAME **NUNN, ROBERT P**
STREET ADDRESS **5949 BRAINERD ROAD**
CITY - ST - ZIP **CHATTANOOGA TN**
TITLE **TD**
NAME **NUNN, MARLEEN**
STREET ADDRESS **7225 SW 131ST ST.**
CITY - ST - ZIP **MIAMI FL**
TITLE **S**
NAME **NUNN, PAGE**
STREET ADDRESS **5949 BRAINERD ROAD**
CITY - ST - ZIP **CHATTANOOGA TN**
TITLE **AT**
NAME **WILSON, EVELYN**
STREET ADDRESS **5949 BRAINERD ROAD**
CITY - ST - ZIP **CHATTANOOGA TN**
TITLE **PD**
NAME **NUNN, ROBERT L**
STREET ADDRESS **320 U.S. HIGHWAY 98 E., SUITE 1003**
CITY - ST - ZIP **DESTIN FL**
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ **Change** ☐ **Addition**
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE ☐ **Change** ☐ **Addition**
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE ☐ **Change** ☐ **Addition**
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE ☐ **Change** ☐ **Addition**
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE ☐ **Change** ☐ **Addition**
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE ☐ **Change** ☐ **Addition**
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - 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 110.07(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

Robert P. Nunn

615-894-5660

DATE

Daytime Phone #