

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 2:34

DOCUMENT # 244607 (8)
1. Corporation Name
KENDRICK - ROWELL OLDSMOBILE - BUICK, INC.

Principal Place of Business Mailing Address
636 W. 15TH STREET **636 W. 15TH STREET**
PANAMA CITY FL 32401 **PANAMA CITY FL 32401**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
02/10/1961 **03/25/1994**

4. FEI Number Applied For
59-0917157 Not Applicable

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

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

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**

State, Apt. #, etc. Suite, Apt. #, etc.
22 **27**

City & State City & State
23 **28**

Zip Country Zip Country
24 **32405** **25** **29** **32405** **30**

9. Name and Address of Current Registered Agent

KENDRICK, FRANK W
207 HOLLIS AVE.
PANAMA CITY FL 32401

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 the 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) Agent or printed name of registered agent and title as provided

(Date) Registered Agent signature required when reappointing

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	☐ Change ☒ Addition
NAME	ROWELL, REX R. JR.	1.2 NAME	
STREET ADDRESS	333 BUNKERS COVE RD.	1.3 STREET ADDRESS	
CITY- ST- ZIP	PANAMA CITY, FL 00000	1.4 CITY- ST- ZIP	32401
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	KENDRICK, FRANK W.	2.2 NAME	
STREET ADDRESS	207 HOLLIS AVE	2.3 STREET ADDRESS	
CITY- ST- ZIP	PANAMA CITY, FL 00000	2.4 CITY- ST- ZIP	32401
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	KENDRICK, FRANK W	3.2 NAME	Kendrick, Frank W., Jr.
STREET ADDRESS	137 DERBY WOODS DR	3.3 STREET ADDRESS	
CITY- ST- ZIP	LYNN HAVEN FL	3.4 CITY- ST- ZIP	32444
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	ROWELL, ROTH	4.2 NAME	
STREET ADDRESS	321 BUNKERS COVE ROAD	4.3 STREET ADDRESS	
CITY- ST- ZIP	PANAMA CITY FL 32401	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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(2)(b), 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 liquidator 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Rex R. Rowell, Jr.

904-763-8431

Date

System Number