

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90162 018 ***150.00

DOCUMENT # **263011**

1. Corporation Name
MOTORS SECURITIES CORPORATION

Principal Place of Business

P.O. BOX 2106
107 W. MARKS ST
ORLANDO FL 32802

Mailing Address

P.O. BOX 2106
107 W. MARKS ST
ORLANDO FL 32802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1962

4. FEI Number

59-0992181

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1902 Alden Rd.,
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 2106
Suite, Apt. #, etc.

City & State
23 Orlando, FL

City & State
27 Orlando, FL

Zip Country
24 32803 **25**

Zip Country
28 32802 **30**

9. Name and Address of Current Registered Agent

MCKELLAR, KENNETH B.
107 W MARKS ST
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1902 Alden Rd.

83 Orlando, FL

84 City **Orlando, FL** **85** Zip Code **32803**

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 **PD** ☐ DELETE
NAME **MCKELLAR, KENNETH B.**
STREET ADDRESS **107 W. MARKS ST.**
CITY-ST-ZIP **ORLANDO, FL 00000**

TITLE **SD** ☒ DELETE
NAME **JOHNSTON, EVERTT E.**
STREET ADDRESS **107 W MARKS ST**
CITY-ST-ZIP **ORLANDO, FL 00000**

TITLE **VD** ☒ DELETE
NAME **COX, W. REID III**
STREET ADDRESS **107 W MARKS ST**
CITY-ST-ZIP **ORLANDO, FL 00000**

TITLE **D** ☐ DELETE
NAME **BUBBERS, CAROLYN J**
STREET ADDRESS **107 W MARKS ST**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS **1902 Alden Rd.**
1.4 CITY-ST-ZIP **Orlando, FL 32803**

2.1 TITLE **Delete as officer/director** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **DELETE** ☒ 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 **1902 Alden Rd.**
4.4 CITY-ST-ZIP **Orlando, FL 32803**

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 hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

Carolyn J. Bubbers

CAROLYN J. BUBBERS 4/21/99

407-452-2055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0103968