

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 296541 (6)
1. Corporation Name
THE COURTESY CORPORATION OF TALLAHASSEE, INC.

Principal Place of Business

5011 W. TENNESSEE STREET
P.O. BOX 2804
TALLAHASSEE FL 32316

Mailng Address

5011 W. TENNESSEE STREET
P.O. BOX 2804
TALLAHASSEE FL 32316

2. Principal Place of Business

21 State

22 City & State

23 Zip

24

2a. Mailing Address

26 State

27 City & State

28 Zip

29

9. Name and Address of Current Registered Agent

JORDAN, BARBIE
1945 SAN DAMIEN ROAD
TALLAHASSEE FL 32303

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 607.01 and 607.15(9), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the place of business in the State of Florida. Such change was authorized by the corporation's board of directors. The only except the appointment as registered agent of the corporation with and in accordance with the provisions of sections 607.01(2)(b), Florida Statutes.

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 PD	13.1 NAME
12.2 SHOWLAIN, H.E. JR.	13.2 NAME
12.3 4795 LANCASHIRE LN.	13.3 OFFICE ADDRESS
12.4 TALLAHASSEE FL	13.4 CITY & STATE
12.5 D	13.5 ZIP
12.6 SHOWLAIN, LOIS	13.6 NAME
12.7 4795 LANCASHIRE LN.	13.7 OFFICE ADDRESS
12.8 TALLAHASSEE FL	13.8 CITY & STATE
12.9 VP	13.9 ZIP
12.10 JORDAN, BARBIE	13.10 NAME
12.11 1945 SAN DAMIEN ROAD	13.11 OFFICE ADDRESS
12.12 TALLAHASSEE FL	13.12 CITY & STATE
12.13	13.13 ZIP
12.14	13.14 NAME
12.15	13.15 OFFICE ADDRESS
12.16	13.16 CITY & STATE
12.17	13.17 ZIP
12.18	13.18 NAME
12.19	13.19 OFFICE ADDRESS
12.20	13.20 CITY & STATE
12.21	13.21 ZIP
12.22	13.22 NAME
12.23	13.23 OFFICE ADDRESS
12.24	13.24 CITY & STATE
12.25	13.25 ZIP

14. I, the undersigned, certify that the information supplied by this form is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the Florida Secretary of State's records.

SIGNATURE

[Signature]

FILED
Oct 08 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/07/1965

4. FIC Number

59-1101724

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 owns or has paid for current year filing the
Personal Property Tax due June 30

[X] Yes [] No

10. Name and Address of New Registered Agent

CR2002170020

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1998



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

DOCUMENT # 677846
1. Corporation Name
COURTESY CARS, INC.

(8)



Principal Place of Business
5011 W TENNESSEE ST.
P O BOX K2804
TALLAHASSEE FL 32304-9202

Mailing Address
5011 W TENNESSEE ST.
P O BOX K2804
TALLAHASSEE FL 32304-9202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/08/1980

4. FEI Number
59-1101724

Applies
Not Ap

5. Certificate of Status Desired ☐ \$8.75 Addit
Fee Requir

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May
Added to Fe

8. This corporation owes or has paid the current year Intang
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

JORDAN, BARBIE
1945 SAN DAMIEN ROAD
TALLAHASSEE FL 32303

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 607.1500, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its re
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 reg
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
NAME SHOWLAIN, H.E., JR
STREET ADDRESS 4795 LANCASHIRE LN.
CITY-STATE-ZIP TALLAHASSEE FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

1.1 TITLE ☐ Change ☐

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP ☐ Change ☐

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP ☐ Change ☐

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP ☐ Change ☐

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP ☐ Change ☐

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP ☐ Change ☐

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP ☐ Change ☐

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 inf
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
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 ap
Block 12 or Block 13 is changed, or in an attachment with an address.