

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 OCT -9 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 318082 (5)
1. Corporation Name

AMENDED

PASCO MOTORS INC

Principal Place of Business

Mailing Address

14341 7TH STREET
DADE CITY FL 33526-0067
US

14341 7TH STREET
P.O. BOX 67
DADE CITY FL 33526
US

Date Incorporated or Qualified
6/22/1967

3a. Date of Last Report
4/22/96

4. FEI Number

59-1170225

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

10. Name and Address of New Registered Agent

NEWSOME, BARNEY R.
14341 7TH STREET
DADE CITY FL 33525

81 Name

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

14341 7TH STREET, DADE CITY FL 33525

83

84 City
DADE CITY

FL 85 Zip Code
33525

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
NEWSOME, BARNEY R.
14341 7TH STREET
DADE CITY FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
NEWSOME, BARNEY D.
2102 E NEWSOME RD.
PLANT CITY FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

ORDENES, NATALIE
38704 C.R. 54 EAST
ZEPHYRHILLS FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DT
HAUFF, LEROY D
13436 14TH STREET
DADE CITY FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

NEWSOME, PATRICIA C.
14341 7TH STREET
DADE CITY FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

800001980788-4
-10/21/96--01013--005
*****61.25 *****61.25

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

MUDGE, SUE
4744 19TH ST.
ZEPHYRHILLS FL

☐ Change ☒ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE *Barney R. Newsome* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-24-96

352-567-5111

Daytime Phone

CR2E034 (3/96)