

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

FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **333167** (5)

1. Corporation Name
SEMINOLE FORD, INC.

Principal Place of Business

Mailing Address

**3786 ORLANDO DRIVE
SANFORD FL 32773-5614**

**3786 ORLANDO DRIVE
SANFORD FL 32773-5614**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 300 W. Reynolds Street		26 P. O. Box HH		07/30/1968	03/28/1996
Suite Apt. # etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-1218225	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Plant City, FL		28 Plant City, FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24 33566	25 USA	29 33564	30 USA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VERNER, JOHN V.
3786 S ORLANDO DR
SANFORD FL 32771**

81 Name
VERNER, JOHN V.

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

83

84 City
Plant City, FL 85 Zip Code
33566

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUMP, JAMES P	1.2 NAME	
STREET ADDRESS	3786 ORLANDO DRIVE	1.3 STREET ADDRESS	300 W. Reynolds Street
CITY-ST-ZIP	SANFORD FL 32773-5614	1.4 CITY-ST-ZIP	Plant City, FL 33566
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERNER, JOHN V	2.2 NAME	
STREET ADDRESS	3786 S ORLANDO DR	2.3 STREET ADDRESS	300 W. Reynolds Street
CITY-ST-ZIP	SANFORD FL 32773-5614	2.4 CITY-ST-ZIP	Plant City, FL 33566
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERNER, EDWARD	3.2 NAME	
STREET ADDRESS	3786 S ORLANDO DR	3.3 STREET ADDRESS	300 W. Reynolds Street
CITY-ST-ZIP	SANFORD FL 32773-5614	3.4 CITY-ST-ZIP	Plant City, FL 33566
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/97

Daytime Phone #

CR2E034 (9/96)