

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/4/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

1995 JUL 25 AM 9:18

TALLAHASSEE, FLORIDA

DOCUMENT # 351987

(3)

1. Corporation Name

CHARLIE H. LYONS USED CARS, INC.

Principal Place of Business

1020 EAST MAIN STREET
P.O. BOX 991
LAKELAND FL 33802

Mailing Address

1020 EAST MAIN STREET
P.O. BOX 991
LAKELAND FL 33802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1969

3a. Date of Last Report

08/04/1994

4. FEI Number

59-1305834

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

9. Name and Address of Current Registered Agent

LYONS, C H
1020 E MAIN STREET
LAKELAND FL 33801

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, full name, printed name of registered agent, and title of applicant)

(Signature, full name, printed name of registered agent, and title of applicant)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	CROWDER, CHARLES O.
STREET ADDRESS	922 E. WALNUT ST.
CITY, ST, ZIP	LAKELAND FL
TITLE	SD
NAME	HAIR, LAUREN
STREET ADDRESS	1426 WALT WILLIAMS RD
CITY, ST, ZIP	LAKELAND FL
TITLE	PD
NAME	LYONS, C H
STREET ADDRESS	4830 COLBERT RD
CITY, ST, ZIP	LAKELAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	V	☒ Change ☐ Addition
12 NAME	Hair, Lauren	
13 STREET ADDRESS	1426 Walt Williams Rd.	
14 CITY, ST, ZIP	Lakeland, Fla.	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I, the undersigned, 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. 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:

C. H. Lyons C. H. Lyons

07-20-95 941/688-3612

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING AGENT OR DIRECTOR

DATE

DATE OF FILING