

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra D. Matheny  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JAN 17 AM 11:28

**DOCUMENT # 356375 (6)**

1. Corporation Name  
**MATHENY IMPORTS, INC.**

Principal Place of Business Mailing Address  
**10277 ATLANTIC BLVD JACKSONVILLE FL 32225**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		12/08/1969	01/19/1994
22 State, Apt. #, etc.		27 State, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-1278015	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes	<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			
<b>MATHENY, RAYMOND A. 10277 ATLANTIC BLVD. JACKSONVILLE FL 32225</b>				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 Name) \_\_\_\_\_ (Typed Name)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERROW, JULIA A	12 NAME	
STREET ADDRESS	10277 ATLANTIC BLVD.	13 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	
TITLE	CTD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHENY, LAWRENCE SR.	22 NAME	
STREET ADDRESS	10277 ATLANTIC BLVD.	23 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP	
TITLE	PD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHENY, RAYMOND A.	32 NAME	
STREET ADDRESS	10277 ATLANTIC BLVD.	33 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP	
TITLE	SD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECK, KATHY M.	42 NAME	
STREET ADDRESS	10277 ATLANTIC BLVD.	43 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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 110.07(3)(b), Florida Statutes. I further certify that the information included 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 resubmit this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *R. A. Matheny* R. A. MATHENY (PRESIDENT) 1-10-95 904-642-1500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR