FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 10:25

DOCUMENT # **362039** **(0)**

1. Corporation Name
REGENCY DODGE, INC.

Principal Place of Business	Mailing Address
9875 ATLANTIC BLVD JACKSONVILLE FL 32225 US	9875 ATLANTIC BLVD JACKSONVILLE FL 32225-6552 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/01/1970
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-1287755 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CARUSO,J E
9875 ATLANTIC BLVD.
JACKSONVILLE FL 32211

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 32225

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	CARUSO,J E	1.2 NAME	
STREET ADDRESS	9875 ATLANTIC BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	CARUSO, JOHN MICHAEL	2.2 NAME	
STREET ADDRESS	9875 ATLANTIC BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	CARUSO, JO ANN	3.2 NAME	
STREET ADDRESS	9875 ATLANTIC BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	SHUMATE, OPAL	4.2 NAME	
STREET ADDRESS	9875 ATLANTIC BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	☐ Change ☐ Addition
NAME	REYNOLDS, DEBORA C.	5.2 NAME	
STREET ADDRESS	9875 ATLANTIC BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	☐ Change ☐ Addition
NAME	MICHAELS, TERRI C.	6.2 NAME	
STREET ADDRESS	9875 ATLANTIC BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 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 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: J. E. CARUSO, PRES — MARCH 14, 1995 — 904 725 3050
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0010424 CP