4-16-97 B-47753 C

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **377134** **(2)**

1. Corporation Name
HAVANA FORD, INC.

Principal Place of Business	Mailing Address
P O BOX 588 **HAVANA FL 32333**	**P O BOX 588** **HAVANA FL 32333-0588**

3. Date Incorporated or Qualified: **02/12/1971**
3a. Date of Last Report: **04/24/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **59-1348999** ☐ 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

9. Name and Address of Current Registered Agent

BALL, CLIVE JR.
U.S. HIGHWAY 27 S
HAVANA FL

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

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's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BALL, CLIVE, JR.		1.2 NAME		
STREET ADDRESS	302 S. MAIN ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	HAVANA FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BALL, JANE W		2.2 NAME		
STREET ADDRESS	302 S MAIN ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	HAVANA, FL 3		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BALL, KENNETH D		3.2 NAME		
STREET ADDRESS	302 S MAIN ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	HAVANA, FL 3		3.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GAVINS, SHEILA T		4.2 NAME		
STREET ADDRESS	RT 6 BOX 370F		4.3 STREET ADDRESS		
CITY-ST-ZIP	QUINCY FL		4.4 CITY-ST-ZIP		
TITLE	AT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HICKS, DUANE		5.2 NAME		
STREET ADDRESS	3102 W. LAKESHORE DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Sheila T. Gavins / SHEILA T. GAVINS 4-0-97 904-539-6565