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

APPROVED AND FILED
95 JUL -5 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 388555 (5)

1. Corporation Name

~~WILSON DAVIS FORD, INC.~~ JARRETT - BODIFORD, INC.

Principal Place of Business	Mailing Address
2000 E. BAKER STREET PLANT CITY FL 33566	2000 E. BAKER STREET PLANT CITY FL 33566

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/20/1971
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-1366187 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) County (25) Zip (29) County (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~DAVIS, WILSON P.~~
~~5109 POE AVE~~
~~TAMPA FL 33620~~

10. Name and Address of New Registered Agent

81 Name: BRIAN D. JARRETT
82 Street Address (P.O. Box Number is Not Acceptable): 2000 E BAKER 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: Brian Jarrett 6-29-95
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	D	11 TITLE	P	☐ Change ☐ Addition
NAME	~~DAVIS, BETTIE H~~	12 NAME	BRIAN D. JARRETT	
STREET ADDRESS	~~5109 POE AVENUE~~	13 STREET ADDRESS	2000 E BAKER STREET	
CITY ST ZIP	~~TAMPA, FL 00000~~	14 CITY ST ZIP	PLANT CITY FL 33566	
TITLE	P	21 TITLE	VP/S	☐ Change ☐ Addition
NAME	~~DAVIS, WILSON P.~~	22 NAME	WILLIAM R. JARRETT, JR	
STREET ADDRESS	~~5109 POE AVENUE~~	23 STREET ADDRESS	2000 E BAKER STREET	
CITY ST ZIP	~~TAMPA, FL 00000~~	24 CITY ST ZIP	PLANT CITY FL 33566	
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	~~BROWN, J CLINT~~	32 NAME		
STREET ADDRESS	~~501 E KENNEDY BLVD~~	33 STREET ADDRESS		
CITY ST ZIP	~~TAMPA, FL 00000~~	34 CITY ST ZIP		
TITLE	AS	41 TITLE		☐ Change ☐ Addition
NAME	~~HAKALA, CHARLEEN A.~~	42 NAME		
STREET ADDRESS	~~1227 CINNAMON WAY WEST~~	43 STREET ADDRESS		
CITY ST ZIP	~~LAKELAND FL~~	44 CITY ST ZIP		
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	BODIFORD, WADE A.	52 NAME		
STREET ADDRESS	5028 MUSKET DRIVE	53 STREET ADDRESS		
CITY ST ZIP	LAKELAND FL	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ 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 119.07(3)(i), Florida Statutes. 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: Brian Jarrett 6-29-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Title Daytime Phone #

AW

0207727 CP