

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
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 JUN 15 11 01:35

DOCUMENT # 388555

(5)

1. Corporation Name

JARRETT-BODIFORD FORD, INC.

Principal Place of Business

2000 E. BAKER STREET
PLANT CITY FL 33566

Mailing Address

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

4. FEI Number

59-1366187

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

9. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, WILSON P.
5109 POE AVE
TAMPA FL 33629

81 Name

BRIAN D. JARRETT

82 Street Address (P.O. Box Number is Not Acceptable)

11849 ORANGE COURT

83

84 City

DADE CITY

85 Zip Code

FL 33525

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 D. Jarrett

PRESIDENT

JUNE 6 1995

DATE

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
DAVIS, BETTIE H
5109 POE AVENUE
TAMPA, FL 00000
P
DAVIS, WILSON P.
5109 POE AVENUE
TAMPA, FL 00000
S
BROWN, J CLINT
501 E KENNEDY BLVD
TAMPA, FL 00000
AS
HAKALA, CHARLEEN A.
1227 CINNAMON WAY WEST
LAKELAND FL
V
BODIFORD, WADE A.
5028 MUSKET DRIVE
LAKELAND FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

P
BRIAN D. JARRETT
11849 ORANGE COURT
DADE CITY, FLORIDA 33525
V
WADE A. BODIFORD, JR.
5028 MUSKET DRIVE
LAKELAND, FLORIDA 33809
S
WILLIAM R. JARRETT, JR.
2316 SUNRISE DRIVE
SEBRING, FLORIDA 33870

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)(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, 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 as changed, or on an attachment with an address.

SIGNATURE

Wade A. Bodiford Jr.

WADE A. BODIFORD JR.

6-6-95

813-752-4171

(Signature typed or printed name of signing officer or director)