

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 14 PM 4:20

DOCUMENT # 418155 (8)

1. Corporation Name

LAKE COUNTY MOTORS, INC.

Principal Place of Business

Mailing Address

**3200 N HWY 19A
P O BOX 694
MT. DORA FL 32757**

**3200 N HWY 19A
P O BOX 694
MT. DORA FL 32757**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

02/02/1973

03/15/1994

4. FID Number

59-1456795

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

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. # etc.

25 State, Apt. # etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRADNER, JOE T
3200 NORTH HIGHWAY 19A
MT.DORA FL 32757**

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 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent (must be signed and dated by the agent)

Signature of Registered Agent (must be signed and dated by the agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DP
BRADNER, JOE T
POB 694, 3200 N HWY 19A
MOUNT DORA, FL 00000**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VPD
BRADNER, SHIRLEY
POB 694 3200 N HWY 19A
MOUNT DORA, FL 00000**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.01(2)(b), 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 bear the same legal effect as if made under oath. That I am an officer or director of this corporation at the request or written empowerment to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing. If it changes, or on an alternate filing with an address.

SIGNATURE:

Shirley Bradner Shirley Bradner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/95

904-383-7191

Date

Telephone #