

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northington  
Secretary of State  
Tallahassee, Florida 32399-0001

APPROVED  
FILED

95 MAY 17 11 28:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 440109

(7)

1. Corporation Name

SOUTHPONTE MOTORCARS, INC.

Principal Place of Business

6000 S. TAMiami TRAIL  
SARASOTA FL 34231

Mailng Address

6000 S. TAMiami TRAIL  
SARASOTA FL 34231

(DO NOT WRITE IN THIS SPACE)

|                                                                                   |                                |
|-----------------------------------------------------------------------------------|--------------------------------|
| 3. Date Incorporated or Qualified                                                 | 3a. Date of Last Report        |
| 11/19/1973                                                                        | 03/22/1994                     |
| 4. File Number                                                                    | Applied For                    |
| 59-1494507                                                                        | 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 1993 Florida Statutes. |                                |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No               |                                |

|                                |                       |
|--------------------------------|-----------------------|
| 2. Principal Place of Business | 2a. Mailing Address   |
| 21. State Apt. # etc.          | 26. State Apt. # etc. |
| 22. City & State               | 27. City & State      |
| 23. City & State               | 28. City & State      |
| 24. City & State               | 29. City & State      |
| 25. City & State               | 30. City & State      |

## 9. Name and Address of Current Registered Agent

URFER, JACK D.  
6000 SOUTH TAMiami TRAIL  
SARASOTA FL 34231

## 10. Name and Address of New Registered Agent

|                                                        |              |
|--------------------------------------------------------|--------------|
| 81. Name                                               | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) | FL           |
| 83. City                                               |              |
| 84. City                                               |              |

11. Pursuant to the provisions of Sections 607.0605 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 607.0605, Florida Statutes.

SIGNATURE

(If the name of the agent is not the registered agent, the signature of the registered agent is required.)

(If the name of the agent is not the registered agent, the signature of the registered agent is required.)

| 12. OFFICERS AND DIRECTORS |                                                                         | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS |                                                                   |
|----------------------------|-------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------|
| NAME                       | PD<br>URFER, JACK D<br>7337 QUARTER HORSE RD<br>SARASOTA, FL 00000      | 1. NAME                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                                                                         | 2. NAME                                          |                                                                   |
| CITY & STATE               |                                                                         | 3. NAME                                          |                                                                   |
| NAME                       | V<br>URFER, DONALD, R<br>4527 S LOCKWOOD RIDGE RD<br>SARASOTA, FL 00000 | 4. NAME                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                                                                         | 5. NAME                                          |                                                                   |
| CITY & STATE               |                                                                         | 6. NAME                                          |                                                                   |
| NAME                       | S<br>URFER, THELMA I<br>7337 QUARTER HORSE RD<br>SARASOTA, FL 00000     | 7. NAME                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                                                                         | 8. NAME                                          |                                                                   |
| CITY & STATE               |                                                                         | 9. NAME                                          |                                                                   |
| NAME                       |                                                                         | 10. NAME                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                                                                         | 11. NAME                                         |                                                                   |
| CITY & STATE               |                                                                         | 12. NAME                                         |                                                                   |
| NAME                       |                                                                         | 13. NAME                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                                                                         | 14. NAME                                         |                                                                   |
| CITY & STATE               |                                                                         | 15. NAME                                         |                                                                   |
| NAME                       |                                                                         | 16. NAME                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                                                                         | 17. NAME                                         |                                                                   |
| CITY & STATE               |                                                                         | 18. NAME                                         |                                                                   |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that my signature shall have the same legal effect as if made by me. I further certify that the information and statements in this annual report or supplemental annual report are true and accurate, and that my signature shall have the same legal effect as if made by me. I further certify that I am an officer or director of the corporation, or the manager or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the list of officers, directors, managers, or persons empowered to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE:

*[Signature]*

JACK D. URFER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-95

813/443-4800