

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR -6 AM 10:11

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 463156 (0)

1. Corporation Name

JIM CLAMPETT'S AUTO SERVICE'S INC.

Principal Place of Business

**1-75 E. U.S. 90 W.
ROUTE 13, BOX 1084
LAKE CITY FL 32055**

Mailing Address

**1-75 E. U.S. 90 W.
ROUTE 13, BOX 1084
LAKE CITY FL 32055**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/14/1974

3a. Date of Last Report

08/02/1994

4. FEI Number

59-1553723

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

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, 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

**FEAGLE, MARLIN M.
101 E. MADISON ST., P. O. BOX 1653
LAKE CITY FL 32055**

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

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
NAME
STREET ADDRESS
CITY- ST- ZIP
**PTD
CLAMPETT, JAMES L
RT. 13, BOX 1084
LAKE CITY FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
**V / D
Clampett, James Craig
2202 E. Park Avenue
Tallahassee, FL**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**S
AHLHEIT, DONNA
15624 - 45TH DR.
WELLBORN FL**

2.1 TITLE
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied is true and correct and 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:

James L. Clampett
DIRECTOR AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/95 *904.7352-1591*
Date Registered Agent's