

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 465526

(2)

1. Corporation Name

SUNSHINE DODGE, INC.



Principal Place of Business

840 S. HARBOR CITY BLVD.
MELBOURNE FL 32901

Mailing Address

840 S. HARBOR CITY BLVD.
MELBOURNE FL 32901

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

STRANGE, JACK R
840 S HARBOR CITY BLVD
MELBOURNE FL 32901

3. Date Incorporated or Qualified

11/26/1974

3a. Date of Last Report

02/09/1995

4. FIC Number

59-1560401

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

10. Name and Address of New Registered Agent

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 607.1502, 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 607.0405, Florida Statutes.

SIGNATURE

(Signature of person who is authorized to execute this statement)

(Signature of person who is authorized to execute this statement)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	JOSEPH, SALIM C	
STREET ADDRESS	840 S HARBOR CITY BLVD	
CITY-STATE-ZIP	MELBOURNE, FL 00000	
TITLE	SD	☒ DELETE
NAME	NEALE, WILLIAM J	
STREET ADDRESS	840 S HARBOR CITY BLVD	
CITY-STATE-ZIP	MELBOURNE, FL 00000	
TITLE	VD	☐ DELETE
NAME	JOSEPH, GEORGE C.	
STREET ADDRESS	840 S. HARBOR CITY BLVD.	
CITY-STATE-ZIP	MELBOURNE FL	
TITLE	VD	☐ DELETE
NAME	JOSEPH, MARY M	
STREET ADDRESS	840 S. HARBOR CITY BLVD	
CITY-STATE-ZIP	MELBOURNE FL	
TITLE	VD	☐ DELETE
NAME	STRANGE, JACK R	
STREET ADDRESS	840 S HARBOR CITY BLVD	
CITY-STATE-ZIP	MELBOURNE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 NAME	☐ Change ☐ Addition
15 STREET ADDRESS	
16 CITY-STATE-ZIP	
17 TITLE	☐ Change ☐ Addition
18 NAME	
19 STREET ADDRESS	
20 CITY-STATE-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
25 TITLE	☐ Change ☐ Addition
26 NAME	
27 STREET ADDRESS	
28 CITY-STATE-ZIP	
29 TITLE	☐ Change ☐ Addition
30 NAME	
31 STREET ADDRESS	
32 CITY-STATE-ZIP	
33 TITLE	☐ Change ☐ Addition
34 NAME	
35 STREET ADDRESS	
36 CITY-STATE-ZIP	
37 TITLE	☐ Change ☒ Addition
38 NAME	
39 STREET ADDRESS	
40 CITY-STATE-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
45 TITLE	☐ Change ☐ Addition
46 NAME	
47 STREET ADDRESS	
48 CITY-STATE-ZIP	

SECRETARY

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)(a), Florida Statutes. I further certify that the information indicated on this filing is correct or supplemented and 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, and the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on a supplemental report with an address.

SIGNATURE:

Jack Strange
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK R. STRANGE

3/25/96

407-724-6611

CR2E034 (12/95)