CORI ANNU	PROFIT PORATION AL REPORT 1996		Sandra Secret	ARIMENT OF STATE B Mortham cary of State COPPORATIONS			
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	MOTORS OF M	onticello, i	NC.		4 1884 (1 818) 4 1819 4 1818 1486	Mentel A Des Alians alans I	liddi dedik medicalarik tada
Principal Place	of Business						
890 NORTH JEFFERSON STREET MONTICELLO FL 32344-2130			890 NORTH JEFFER MONTICELLO FL 32				
	· · · · · · · · · · · · · · · · · · ·	···			3. Date incorporated or Qualified 03/20/1975	3a. Date of L. 05/	ast Report 26/1995
2. Principal Place	ce of Business	2a 26	L Mailing Address		4. FEI Number 59-1622629		Applied For
Suite, Apt. #	elc.		Suite, Apt. #, etc.			\$2	Not Applicable 3.75 Additional
22		27	· ····-		5. Certificate of Status Desired		Fee Required
City & State		28	Oity & State		6. Election Campaign Financing		5.00 May Be
Zip	Country		Zip	Country	Trust Fund Contribution 8. This corporation has liability for		Added to Fees
24	25	[29]		30	Florida Statutes 💢 Yes	s □No	
	9. Name and Addres	s of Current Regi	stered Agent	81 Name	10. Name and Address of New I	Registered Agen	t
DAVIS.	JAMES LUTHER						
FOUNT	AIN DRIVE AT FLOR	IDA AVENUE		82 Street Ad-	dress (P.O. Box Number is Not Acceptal	ble)	
	CELLO FL 32344			83			
				84 City	· #	—. 85	Zip Code
11 Pursuant to	the provisions of Costion	W 607 05 05 WILL 6	7.1660 (1	'		— I	I '
or registered	d agent, or both, in the S , and accept the obligation	tate of Florida, Suc ros of Sostan 607	h change was authorize	is, the above named corpled by the corporation's bo	oration submits this statement for the pu and of directors. I hereby accept the app	irpose of changing pointment as regis) its registered office tered agent. I am
SIGNATURE	, and accept the congaci	ans or, Second Got	.0000, Florida Statutes				
Si	ghat de typed or perted same of						į.
				L. Fe gestered Agont's greaters requi	ed wher renstating	DATE	
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stateo 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 directify 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 12 or Block 12 or an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

14. 10 one of the exemption stateo in Section 119 07(3)(k), Florida Statutes. I further certify that the same legal officet as if made under oath; that I am an officer or directify 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

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