

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 11 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 484893

(3)

1. Corporate Name

JIMMIE LANG AUTO SERVICES, INC.

Principal Place of Business

804 NW 27TH AVE
OCALA FL 34475

Mailing Address

804 NW 27TH AVE
OCALA FL 34475

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1975

3a. Date of Last Report

04/25/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-1626433

Applied For

Not Applicable

22. Suite, Apt. #, etc.

22

27. Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23. City & State

23

28. City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24. City

24

25. City

25

29. City

29

30. City

30

8. This corporation has liability for intangible tax under 20-1992 with
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANG, JAMES R
804 NW 27TH AVENUE
OCALA FL 34475

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 of Registered Agent or Change of Agent)

(Signature of Registered Agent or Change of Agent)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

P
LANG, JAMES R
804 NW 27TH AVE
OCALA FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

☐ Change ☐ Addition

2. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

S
LANG, MARJORIE H
804 NW 27TH AVE
OCALA FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☐ Change ☐ Addition

3. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

V
LANG, BURWELL R
804 NW 27TH AVE
OCALA FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

7. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119 (1)(7)(C)(8), Florida Statutes. I further certify that the information with regard to 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 687, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Burwell R. Lang

BURWELL R. LANG MAY 10, 1995 (679-249)

(Signature and Typed or Printed Name of Signing Officer or Director)

904

(Typed Name)

0363186 CP