

FILE NOW: FILING FEE AFTER MAY 1<sup>st</sup> \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 493643 (1)

1. Corporation Name

KOONS FORD, INC.



Principal Place of Business

3101 N. STATE ROAD #7  
HOLLYWOOD FL 33021

Mailing Address

3101 N. STATE ROAD #7  
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified  
12/31/1975

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1914202

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARROLL, JAMES S.  
3101 N. STATE ROAD #7  
HOLLYWOOD FL 33021

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 CD  
NAME CARROLL, JAMES S.  
STREET ADDRESS 3101 N. STATE RD #7  
CITY-ST-ZIP HOLLYWOOD FL

☐ DELETE

1 TITLE P/D  
2 NAME Carroll, James S  
3 STREET ADDRESS 3101 N State Road 7  
4 CITY-ST-ZIP Hollywood, FL 33021  
☒ Change ☐ Addition

TITLE PD  
NAME KERR, R. STEVE  
STREET ADDRESS 6407 BARFIELD ROAD  
CITY-ST-ZIP ATLANTA GA

☐ DELETE

2 TITLE V/D  
2 NAME Kerr, Ralph S  
2 STREET ADDRESS 6407 Barfield Road  
2 CITY-ST-ZIP Atlanta, GA 30328  
☒ Change ☐ Addition

TITLE STD  
NAME GILES, JANET  
STREET ADDRESS 3101 N STATE RD 7  
CITY-ST-ZIP HOLLYWOOD FL

☐ DELETE

3 TITLE  
3 NAME  
3 STREET ADDRESS  
3 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

4 TITLE V/D  
4 NAME Carroll, William C  
4 STREET ADDRESS 3101 N State Road 7  
4 CITY-ST-ZIP Hollywood, FL 33021  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5 TITLE  
5 NAME  
5 STREET ADDRESS  
5 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6 TITLE  
6 NAME  
6 STREET ADDRESS  
6 CITY-ST-ZIP  
☐ Change ☐ Addition

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)(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)