

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 28 PM 3:27

DOCUMENT # 506399

(5)

1. Corporation Name

BOB PRICE MOTORS, INC.

Principal Place of Business

**1271 CASSAT AVE
JACKSONVILLE FL 32205**

Mailing Address

**1271 CASSAT AVE
JACKSONVILLE FL 32205**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/29/1976

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1681192

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**

Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21
Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26
Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

**PRICE, ROBERT P
1271 CASSAT AVE
JAX FL**

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 607.1508, 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 reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	PRICE, MILDRED
STREET ADDRESS	4842 RIVER BASIN DR. N.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	V
NAME	PRICE WILLIAM G
STREET ADDRESS	1406 PINETREE RD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	PD
NAME	PRICE, ROBERT P
STREET ADDRESS	4842 RIVER BASIN DR. N.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	

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 110.07(3)(b), 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 *Mildred Price*
Typed or printed name of signing officer or director

2/23/95 904 389-3673
Typed or printed name of signing officer or director