FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # 535787 (6)

1. Corporation Name
BOZARD FORD CO.

Principal Place of Business
1700N PONCE DE LEON BLVD.
ST AUGUSTINE FL 32084
US

Mailing Address
1700 N. PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32084-2616
US

3. Date Incorporated or Qualified: 05/26/1977
3a. Date of Last Report: 04/25/1996
4. FEI Number: 59-1741580 — Applied For / Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | Country 30

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

9. **Name and Address of Current Registered Agent**
BOZARD, FRED H. III
1700 N. PONCE DE LEON BLVD.
ST. AUGUSTINE 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 ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

	12. Officers and Directors		13. Additions/Changes to Officers and Directors in 12	
TITLE	D	☑ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BOZARD, FRED H. JR.		1.2 NAME	
STREET ADDRESS	312 OGLETHORPE BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084		1.4 CITY-ST-ZIP	
TITLE	PSD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BOZARD III, FRED H		2.2 NAME	
STREET ADDRESS	1019 SAN RAFAEL ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE TD	☑ Change ☐ Addition
NAME	BOZARD, FRED H. JR.		3.2 NAME	
STREET ADDRESS	312 OGLETHORPE BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32804		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: FRED H. BOZARD, III 3-14-97 904/8241641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016804