

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 559878 (4)

1. Corporation Name

DICK JARRETT FORD MERCURY LINCOLN, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -9 AM 10: 23

Principal Place of Business

US HWY 301 & 98 BY PASS
P.O. BOX 1296
DADE CITY FL 33526

Mailing Address

US HWY 301 & 98 BY PASS
P.O. BOX 1296
DADE CITY FL 33526

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/04/1978 3a. Date of Last Report 01/20/1994

4. FBI Number 59-1793089 Applied For Not Applicable

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

GREENFELDER, GLEN E.
103 N. 3RD ST.
DADE CITY FL 33525

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 the if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ST
NAME SPEARS, GERALDINE
STREET ADDRESS POB 259 JOHNNIE BLVD
CITY-ST-ZIP LACODAGHEE FL

TITLE Chairman of the Board
NAME JARRETT, W.R.
STREET ADDRESS 41 SMITH ROAD 5267 HALSTEAD LAKE
CITY-ST-ZIP DADE CITY FL 33541

TITLE VST
NAME JARRETT, WILLIAM R., JR.
STREET ADDRESS HWY. 27; PO BOX 1683
CITY-ST-ZIP AVON PARK FL

TITLE P
NAME JARRETT, BRIAN D.
STREET ADDRESS HWY. 301 & 98 BYPASS
CITY-ST-ZIP DADE CITY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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:

Brian D. Jarrett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Exhibit Page #