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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **565477** **(7)**

1. Corporation Name

MULVEY'S AUTOMOTIVE, INC.

Principal Place of Business	Mailing Address
9501 RANGELINE RD. FT. PIERCE FL 34987	9501 RANGELINE RD. FT. PIERCE FL 34987

3. Date Incorporated or Qualified: **01/20/1978**
3a. Date of Last Report: **04/21/1995**

2. Principal Place of Business
21 4510 Prosperity Dr.

2a. Mailing Address
26 P.O.Box 13420

4. FEI Number: **65-0131954** ☐ Applied For ☐ Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

23 City & State: Ft.Pierce,FL 34981

28 City & State: Ft.Pierce,FL 34981-3420

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

24 Zip: 34981 | 25 Country: US

29 Zip: 34981-3420 | 30 Country:

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

9. Name and Address of Current Registered Agent

SCOTT, WILLIAM E
9501 RANGELINE RD. 4510 Prosperity Dr.
FT. PIERCE FL 34987 Ft.Pierce,FL 34981

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE	PD	☒ Change ☐ Addition
NAME	SCOTT, WILLIAM		12 NAME	Scott,William	
STREET ADDRESS	9501 RANGELINE RD.	P.O.Box 13420	13 STREET ADDRESS	4510 Prosperity Dr.	
CITY-ST-ZIP	FT. PIERCE FL	FT.Pierce,FL	14 CITY-ST-ZIP	Ft.Pierce,FL 34981	
TITLE	STD	☐ DELETE	21 TITLE	STD	☒ Change ☐ Addition
NAME	MULVEY, JACK		22 NAME	Mulvey,Jack	
STREET ADDRESS	9501 RANGELINE RD.	P.O.Box 13420	23 STREET ADDRESS	4505 Prosperity Dr.	
CITY-ST-ZIP	FT. PIERCE FL	Ft.Pierce, FL	24 CITY-ST-ZIP	Ft.Pierce,FL 34981	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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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)(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: William E Scott 4/19/96 407-465-2590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #