

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1986.
AMOUNT DUE ON OR BEFORE 8/9/86: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 19 PM 12:08

DOCUMENT # 660467

(2)

1. Corporation Name

PREFERRED CARS OF LEESBURG, INC.

Principal Place of Business

1010 W HWY 44
C/O L.E. TAYLOR
LEESBURG FL 34748

Mailing Address

1010 W HWY 44
C/O L.E. TAYLOR
LEESBURG FL 34748

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1980

3a. Date of Last Report

03/22/1994

4. FEI Number

59-1980657

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

7. This corporation has liability for intangible tax under s. 193.033,

Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 1532 East Main St.

2a. Mailing Address

26 1532 East Main St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Leesburg, Fla.

City & State

28 Leesburg, Fla.

Zip

Country

24 34748

25 USA

Zip

Country

29 34748

30 USA

9. Name and Address of Current Registered Agent

TAYLOR, L E
1029 W MAGNOLIA ST
LEESBURG, FL
32748

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DST
NAME HANSON, ROXANNE G
STREET ADDRESS 33347 CONVENTRY DRIVE
CITY - ST - ZIP LEESBURG, FL 00000

TITLE PD
NAME GJERSETH, CORLISS M
STREET ADDRESS 500 NEWELL HILL ROAD 109D
CITY - ST - ZIP LEESBURG FL

TITLE VP
NAME GJERSETH, RANDY A
STREET ADDRESS 500 NEWELL HILL RD 104B
CITY - ST - ZIP LEESBURG FL

TITLE D
NAME GGJERSETH, H P
STREET ADDRESS 500 NEWELL HILL RD 109D
CITY - ST - ZIP LEESBURG FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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)(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: *Corliss M. Gjerseth* - Corliss M. Gjerseth 6-12-95 904 728-0565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (3/95)