

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Montemayor
Secretary
Tallahassee, Florida 32399-0001

DOCUMENT # 833725 (5)

1. Corporation Name

ROYAL JEEP/EAGLE CHRYSLER/PLYMOUTH, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 17 PM 3:29

2. Principal Office Location

**100 WEST TENTH STREET
WILMINGTON DE 19001-1610**

3. Mailing Address

**100 WEST TENTH STREET
WILMINGTON DE 19001-1610**

DO NOT WRITE IN THIS SPACE

3. Date incorporated in Chapter

01/28/1975

3a. Date of Last Report

02/18/1994

2. Principal Office Location

21

State, Apt. #, etc.

22 City & State

23

Zip

Country

24

2b. Mailing Address

26

State, Apt. #, etc.

27 City & State

28

Zip

Country

29

4. FEI Number

59-1572419

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**

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

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

(If you are agent, sign the name of the person who is the registered agent with the corporation.)

(If you are the registered agent, sign your own name.)

DATE

12.

OFFICERS AND DIRECTORS

NAME

**ST
ROGERS, JO A
485 E. SEMORAN BLVD.
CASSELBERRY FL**

STREET ADDRESS

CITY, ST, ZIP

NAME

**P
TATUM, RAY M
485 E. SEMORAN BLVD.
CASSELBERRY FL**

STREET ADDRESS

CITY, ST, ZIP

NAME

**V
TATUM, NORA
485 E. SEMORAN BLVD.
CASSELBERRY FL**

STREET ADDRESS

CITY, ST, ZIP

NAME

STREET ADDRESS

CITY, ST, ZIP

NAME

STREET ADDRESS

CITY, ST, ZIP

NAME

STREET ADDRESS

CITY, ST, ZIP

NAME

STREET ADDRESS

CITY, ST, ZIP

NAME

STREET ADDRESS

CITY, ST, ZIP

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 NAME

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 NAME

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 NAME

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 NAME

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 NAME

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished, and that, and qualify for the exemption stated on Section 199.032, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my corporation has been the same for at least 1 year as indicated. 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 on Block 12 or Block 13 of this report, or on a supplemental report with an address.

SIGNATURE

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNER ON FILED OR DIRECTOR

**JO A. ROGERS
407, 831-2828**