FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 AM 9:48

DOCUMENT # **835252** **(8)**

1. Corporation Name
RAY CONLON BUICK, INC.

Principal Place of Business	Mailing Address
C/O RAYMOND E. CONLON 234 E. MERRITT ISLAND CSWY. MERRITT ISLAND FL 32952	35 COUNTRY CLUB RD COCOA BEACH FL 32931 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
10/23/1975	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 35 COUNTRY CLUB RD	26 SAME AS ABOVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 COCOA BEACH, FL	City & State 28
Zip 24 32931-2047 Country 25 U.S.A.	Zip 29 Country 30

4. FEI Number 38-1645279 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CONLON, RAYMOND E. 234 E. MERRITT ISLAND CSWY. MERRITT ISLAND FL 32952	81 Name: CONLON RAYMOND E. 82 Street Address (P.O. Box Number is Not Acceptable): 35 COUNTRY CLUB RD. 83 84 City: COCOA BEACH FL 85 Zip Code: 32931-2047

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 signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	VP ☒ Change ☐ Addition
NAME	CONLON, JR., RAYMOND E.	1.2 NAME	CONLON RAYMOND E. JR.
STREET ADDRESS	2135 N CT.NAY PKWY E-235	1.3 STREET ADDRESS	35 COUNTRY CLUB RD.
CITY-ST-ZIP	MERRITT ISLAND FL	1.4 CITY-ST-ZIP	COCOA BEACH, FL 32931-2047
TITLE	P	2.1 TITLE	P ☐ Change ☒ Addition
NAME	CONLON, RAYMOND E	2.2 NAME	CONLON RAYMOND E.
STREET ADDRESS	35 COUNTRY CLUB ROAD	2.3 STREET ADDRESS	35 COUNTRY CLUB RD.
CITY-ST-ZIP	COCOA BEACH FL 32931	2.4 CITY-ST-ZIP	COCOA BEACH, FL 32931-2047
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Raymond E. Conlon 1-20-95 407-7838889
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone #
RAYMOND E. CONLON

0068470 CP