

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 848092 (3)

1. Corporation Name

MOTES INVESTMENTS, INC.

Principal Place of Business

5531 ROOSEVELT BLVD.
JACKSONVILLE FL 32244
US

Mailing Address

5531 ROOSEVELT BLVD
JACKSONVILLE FL 32244
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/28/1981

3a. Date of Last Report

07/10/1995

4. FEI Number

84-0731031

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

MOTES, KENT K.
901 N MAIN ST
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
Motes, Kent K.
82 Street Address (P.O. Box Number is Not Applicable)
5531 Roosevelt Blvd.
83
84 City
Jacksonville
FL 85 Zip Code
32244

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 corporation)

(NOTE: Registered Agent's signature required with filing)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
VDS
MOTES, HENRY G., JR.
STREET ADDRESS
901 N MAIN ST
CITY - ST - ZIP
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
PD
MOTES, KENT K.
STREET ADDRESS
901 N MAIN ST
CITY - ST - ZIP
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
D
SMITH, J. MARTIN
STREET ADDRESS
901 N. MAIN STREET
CITY - ST - ZIP
JACKSONVILLE FL 32202

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME
VDS
Motes, Henry G.
STREET ADDRESS
5531 Roosevelt Blvd.
CITY - ST - ZIP
Jacksonville, FL 32244

2.1 TITLE ☒ Change ☐ Addition

NAME
PD
Motes, Kent K.
STREET ADDRESS
5531 Roosevelt Blvd.
CITY - ST - ZIP
Jacksonville, FL 32244

3.1 TITLE ☒ Change ☐ Addition

NAME
5531 Roosevelt Blvd.
CITY - ST - ZIP
32244

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

904-384-2279

Date Daytime Phone

CR2E034 (12/95)