**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)**

PROFIT CORPORATION ANNUAL REPORT
**1996**

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

FILED
96 SEP 11 AM 10:01
SECRETARY OF STATE

DOCUMENT # **F70157** **(5)**

1. Corporation Name
**B. B. C. MOTORS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 3801 S. FEDERAL HIGHWAY<br>STUART FL 34997-4944 | 3801 S. FEDERAL HIGHWAY<br>STUART FL 34997-4944 |

3. Date Incorporated or Qualified: 03/09/1982
3a. Date of Last Report: 03/31/1995
4. FEI Number: 59-2174580 ☐ 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

2. Principal Place of Business
21: 2755 S.E. Federal Hwy.
22: Suite, Apt. #, etc.:
23: Stuart FL
24: Zip 34994
25: Country USA

2a. Mailing Address
26: 2755 S.E. Federal Hwy.
27: Suite, Apt. #, etc.:
28: Stuart FL
29: Zip 34994
30: Country USA

9. Name and Address of Current Registered Agent
CHAMBERLAIN, WILLIAM A.
3801 S. FEDERAL HWY
STUART FL 34997

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 2445 S.E. Federal Hwy.
83:
84 City: FL
85 Zip Code: 34994

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DPT<br>CHAMBERLAIN, WILLIAM A.<br>3801 S. FEDERAL HWY<br>STUART FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☒ Change ☐ Addition<br>2445 S.E. Federal Hwy.<br>34994 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DSV<br>WILLIAM F. CHAMBERLAIN<br>3801 S FEDERAL HWY<br>STRART FL | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☒ Change ☐ Addition<br>2445 S.E. Federal Hwy.<br>34994 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition<br>300001955143<br>-09/24/96--01137--020<br>****225.00 ****225.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** William A Chamberlain 9/6/96 561-288-1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #