

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000002405 (9)

1. Corporation Name

MS DEALER SERVICE CORPORATION



Principal Place of Business

Mailing Address

POST OFFICE BOX 6005
RIDGELAND MS 39158-6005

POST OFFICE BOX 6005
RIDGELAND MS 39158-6005

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
05/17/1993

3a. Date of Last Report
05/01/1995

4. FEI Number
64-0622117

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

10. Name and Address of New Registered Agent

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

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 | DC | <input checked="" type="checkbox"/> DELETE |
| NAME | DUBOCHING, HAROLD W. | |
| STREET ADDRESS | 715 S. PEAR ORCHARD RD., STE. 400 | |
| CITY-STATE-ZIP | RIDGELAND MS | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | FURMAN, ROBERT S | |
| STREET ADDRESS | 715 S. PEAR ORCHARD RD., STE. 400 | |
| CITY-STATE-ZIP | RIDGELAND MS 39157 | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | STUART, JAMES B JR. | |
| STREET ADDRESS | 715 S. PEAR ORCHARD RD., STE. 400 | |
| CITY-STATE-ZIP | RIDGELAND MS 39157 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | HOGUE, HAROLD A | |
| STREET ADDRESS | 715 S. PEAR ORCHARD RD., STE. 400 | |
| CITY-STATE-ZIP | RIDGELAND MS | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HERRIN, CARL | |
| STREET ADDRESS | HIGH ST. AT .55 N. | |
| CITY-STATE-ZIP | JACKSON MS | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | MCBRAYER, JAMES D | |
| STREET ADDRESS | 877 EXECUTIVE CENTER DR. WEST, #205 | |
| CITY-STATE-ZIP | ST. PETERSBURG FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--|--|
| 1.1 TITLE | Asst. Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Joe Kettlestrings | |
| 1.3 STREET ADDRESS | 877 Executive Center Dr. W., #205 | |
| 1.4 CITY-STATE-ZIP | St. Petersburg, FL | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-STATE-ZIP | | |
| 3.1 TITLE | DC | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-STATE-ZIP | | |
| 4.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-STATE-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-STATE-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-96

601 978-6737

Date

Daytime Phone #

CR2E034 (12/95)