

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 8:20

DOCUMENT # F93000004205 (1)

1. Corporation Name

BROOKE MOTORS, LIMITED INC.

Principal Place of Business

14030 N. CLEVELAND AVE.
NORTH FORT MYERS FL 33903
US

Mailing Address

14030 N. CLEVELAND AVE.
NORTH FORT MYERS FL 33903
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1993

3a. Date of Last Report

06/09/1994

4. FEI Number

65-0431691

Applied Fee

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BINNIX, ROBERT
12341 EAGLE POINT CIR.
FT. MYERS FL 33918

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 (check one)

DATE Registered Agent signature required when not mailing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT
NAME BINNIX, ROBERT
STREET ADDRESS 12341 EAGLE POINT CIR.
CITY, ST, ZIP FT. MYERS FL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

TITLE VPS
NAME SONTOLONGO, SHAWN
STREET ADDRESS 11501 HAMPTON GREENS DR.
CITY, ST, ZIP FT. MYERS FL

21 TITLE ☒ Change ☐ Addition
22 NAME VPS
23 STREET ADDRESS Sontolongo, Shawn
24 CITY, ST, ZIP 11501 Hampton Greens Dr.
Ft. Myers, FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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)(b), 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 it each 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, as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/95

(813) 997-9119