

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 22 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000000093 (4)**

1. Corporation Name
PERRY FORD-MERCURY, INC.

Principal Place of Business
**2441 S. BYRON-BUTLER PARKWAY
PERRY FL 32347**

Mailing Address
**2441 S. BYRON-BUTLER PARKWAY
PERRY FL 32347**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
01/06/1994

3a. Date of Last Report
N/A

4. FEI Number
59-3216193

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

25

29 Zip Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **ANTRUM, CHARLES A**
STREET ADDRESS **5533 BUNDY RD.**
CITY-ST-ZIP **NEW ORLEANS LA 70127**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **2106 Wilder Creek Rd.**
1.4 CITY-ST-ZIP **Perry, FL 32347**

TITLE **VD**
NAME **KILBRIDE, B L**
STREET ADDRESS **300 RENAISSANCE CENTER**
CITY-ST-ZIP **DETROIT MI 48243**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **ST**
NAME **HICKS, G-O Sharron G. Dorman**
STREET ADDRESS **1455 LINCOLN PARKWAY Rt 5, Box 420**
CITY-ST-ZIP **ATLANTA GA 30348 Perry 7th. 32347**

3.1 TITLE Change Addition
3.2 NAME **→**
3.3 STREET ADDRESS **→**
3.4 CITY-ST-ZIP

TITLE **AST**
NAME **KATARIA, B P**
STREET ADDRESS **300 RENAISSANCE CENTER**
CITY-ST-ZIP **DETROIT MI 48243**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *C.A. Antrum* **Charles A. Antrum Pres. 3/7/95 (904) 584-6178**

TITLE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR