

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000005082 (2)**

1. Corporation Name

DANIELS SATURN, INC.



Principal Place of Business

**3737 NORTH MAIN ST
GAINESVILLE FL 32609
US**

Mailing Address

**3737 NORTH MAIN ST
GAINESVILLE FL 32609
US**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt., Bldg.

26 State, Apt., Bldg.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

**DANIELS, ROLAND C
3737 NORTH MAIN STREET
GAINESVILLE FL 32609**

3. Date Incorporated or Qualified 09/30/1994	3a. Date of Last Report 06/30/1995
4. FEI Number 59-3268729	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. 193.032 Florida Statutes ☒ Yes ☐ No	
10. Name and Address of New Registered Agent	

81 Name ROLAND C. DANIELS
82 Street Address (P.O. Box Number is Not Acceptable) 3737 NO. MAIN STREET
83
84 City GAINESVILLE FL
85 Zip Code 32609

11. Pursuant to the provisions of Sections 607.0602 and 607.1108, 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 607.1109, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent Submitting Statement

DATE

12. NAME

**PD
DANIELS, ROLAND C
3737 NORTH MAIN STREET
GAINESVILLE FL
SD
CHELLAND, E J
5955 T.G. LEE BLVD.
ORLANDO FL 32822
D
ROBENALT, W A
5730 GLENRIDGE DR.
ATLANTA GA 30328**

☐ DELETE

☒ DELETE

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13. NAME

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

2 TITLE

2 NAME

24 STREET ADDRESS

24 CITY, ST, ZIP

2 TITLE

3 NAME

34 STREET ADDRESS

34 CITY, ST, ZIP

3 TITLE

4 NAME

44 STREET ADDRESS

44 CITY, ST, ZIP

4 TITLE

5 NAME

54 STREET ADDRESS

54 CITY, ST, ZIP

5 TITLE

6 NAME

64 STREET ADDRESS

64 CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☒ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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 registered or trusted employee to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this form, or in a written instrument with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 18 1996

904-395-6300

CR2E034 (12/95)