

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 PH 2:40

DOCUMENT # G03869

(6)

1. Corporation Name

DON SCOTT MOTORS, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/08/1982

3a. Date of Last Report

02/25/1994

4. FEI Number

59-2223072

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

5901 S. PINE AVENUE
OCALA FL 34400
US

2a. Mailing Address

5901 S. PINE AVENUE
OCALA FL 34400
US

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCOTT, DON C.
5901 S. PINE AVENUE
OCALA FL 32674

81 Name

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

83

84 City

FL

85 Zip Code

34480

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

Kevin J. Scott

KEVIN J. SCOTT

1-24-94

Signature, typed, printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME SCOTT, DON
STREET ADDRESS 5901 S PINE AVE
CITY-ST-ZIP Ocala FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V
NAME SCOTT, KEVIN
STREET ADDRESS 5901 S PINE AVE
CITY-ST-ZIP Ocala FL

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

TITLE ST
NAME MEDLOCK, TOM
STREET ADDRESS 5901 SOUTH PINE AVE.
CITY-ST-ZIP Ocala FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME REMOVE TOM MEDLOCK
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ST
NAME SCOTT, KEVIN
STREET ADDRESS 5901 S. PINE AVE
CITY-ST-ZIP Ocala, FL

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)(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 or 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:

Kevin J. Scott

KEVIN J. SCOTT

1-24-95

904-351-0123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Type Here)