

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 # **G06639** (0)

1. Corporation Name

SQUARE DEAL USED CARS, INC.



Principal Place of Business

Mailing Address

**12900 STARKEY RD #1
LARGO FL 34643**

**12900 STARKEY RD #1
LARGO FL 34643**

3. Date Incorporated or Qualified
11/01/1982

3a. Date of Last Report
03/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country
25

29 Zip Country
30

4. FEI Number

59-2231813

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLARK, GREGORY D
18167 U.S. 19, NORTH
HARBOURSIDE, SUITE 560
CLEARWATER FL 34624**

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 to be printed on this page and on the back cover)

(Date: See Periodic Report signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TS	☐ DELETE
NAME	LEDFOORD, MARY E	
STREET ADDRESS	11110 ELMHURST DR. N.	
CITY-STATE-ZIP	PINELLAS PARK, FL 00000	
TITLE	P	☐ DELETE
NAME	LEDFOORD, CLARENCE E	
STREET ADDRESS	11110 ELMHURST DR	
CITY-STATE-ZIP	PINELLAS PARK, FL 00000	
TITLE	V	☐ DELETE
NAME	LEDFOORD, MICHAEL A.	
STREET ADDRESS	7936 85TH LANE N	
CITY-STATE-ZIP	SEMINOLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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: *Mary E. Ledford TS* **MARY E LEDFOORD** *2/9/96* **813-585-2778**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)