

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

1995 JAN 25 AM 11:48

DOCUMENT # G24651

(3)

1. Corporation Name

WORLD CARS OF TAMPA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3301 W CAYUGA
TAMPA FL 33614

Mailing Address

3301 W CAYUGA
TAMPA FL 33614

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/01/1983

3a. Date of Last Report
02/01/1994

4. FEI Number
59-2255733

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

PIERSON, HENRY
9415 KEYSTONE PL
ODESSA FL 33558

10. Name and Address of New Registered Agent

81 Name

DAVID CONNELLY

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

711 FORTUNA DRIVE

83

84 City

BRANDON

FL

85

Zip Code

33511

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

David Connelly

DAVID CONNELLY

1-14-95

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PIERSON, HENRY
STREET ADDRESS	9415 KEYSTONE PL
CITY-STATE-ZIP	ODESSA FL
TITLE	ST
NAME	CONNELLY, DAVID
STREET ADDRESS	711 FORTUNA DRIVE
CITY-STATE-ZIP	BRANDON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D.P.	☒ Change ☐ Addition
1.2 NAME	DAVID CONNELLY	
1.3 STREET ADDRESS	711 FORTUNA DRIVE	
1.4 CITY-STATE-ZIP	BRANDON, FLORIDA 33511	
2.1 TITLE	D.V.	☐ Change ☒ Addition
2.2 NAME	THOMAS B. HARMON	
2.3 STREET ADDRESS	6434-1 SADDLE BROOK WAY	
2.4 CITY-STATE-ZIP	WESLEY CHAPEL, FL 33543	
3.1 TITLE	T	☐ Change ☒ Addition
3.2 NAME	BRETT PRUDEN	
3.3 STREET ADDRESS	4606 LANDSCAPE DRIVE	
3.4 CITY-STATE-ZIP	TAMPA, FL 33624	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 110.07(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:

Thomas B. Harmon

THOMAS B. HARMON

1-14-95 (23) 875-6440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #