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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

G39566

(6)

BILLY JOE'S COUNTRY MOTORS, INC. Principal Place of Business Mailing Address						
3070 W. MICHIGAN AVE PENSACOLA FL 32626 US		3070 W. MICHIGAN AVE PENSACOLA FL 32526 US				
03		03		 Date incorporated or Qualified 05/10/1983 	3a. Date of Last Report 04/11/1995	
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 Suite Apt +	, atc	Suite, Apt. #, etc.		59-2294049	Not Applicable \$8.75 Additional	
Suite, Apt. #, etc. 27		⊢₁ '		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	55.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Ζφ 24	Country 25	Zip 29	Country 30	8. This corporation has liability for Florida Statutes	r intangible tax under si 199.032, is □ No	
24	9. Name and Address of Curre		130	10. Name and Address of New		
			81 Name			
ASCHAI	UER, WILLIAM J		82 Street A	Address (P.O. Box Number is Not Accepta	able)	
5227 DELONA RD			-			
MILTON FL 32583			83	83		
			84 City		85 Zip Code	
SIGNATURE	h, and accept the obligations of, Sec Signature typed or printed have of registered ago. OFFICERS AN		(Notife: Pagazaren Agen) septablario		GATE FICERS AND DIRECTORS IN 12	
TITLE	VP	☐ DELETE	1.1101.		Change Addition	
NAME	ASCHAUER, PINKY J		1.2 NAM			
STREET ADDRESS	5227 DELONA RD		1.3 STREET ADDRESS			
CITY - ST - ZIP	MILTON FL	D botts	14 CITY ST-ZIP		Change Addition	
TITLE	P	☐ DECETE	2 1 HTL≓ 2.2 NAM:		☐ cualige ☐ Xoviiiqii	
NAME STREET ADDRESS	ASCHAUER, WILLIAM J. 5227 DELONA RD		2.3 STREET ADDRESS			
CITY-ST-ZIP	MILTON FL		2 4 CITY - ST - ZIP			
TITLE		☐ DELETE	3 1 TITLE		Change Addition	
NAMÉ			3 2 NAM-			
STREET ADDRESS			3.3 SIR-EF ADDRESS			
CITY - ST - ZIP		☐ DELETE	3 4 C(TY - ST - Z(P) 4. 1 T(T) E		Change Addition	
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STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 C(TY - ST - 7(P)			
TITLE		DELFIE	5 1 1171.1		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP		☐ DELETE	5.4 CHTY ST-ZIP		Change Addition	
TITLE		L uccest	6 1 TIFLE 62 NAME		Change Li Mad (ib)	
NAME STREET ADDRESS			6.3 STREET ADDRESS			
CITY-SI-ZIP			6 4 CHTY - ST - ZIF			
		I the state of the state of the state of		life for the execution stated in Section 11	O OZIGVIA Elorida Statutas I furthor	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William J. Aschauer

4-25-96 904-P44-6700

CR2E034 (12/95)