

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 # **G68177** (6)

1. Corporation Name

JIM STORY'S AUTO SALES AND COLONIAL GARAGE, INC.



Principal Place of Business

Mailing Address

JIM STORY'S AUTO SALES AND COLONIAL GARAGE, INC.
% 6105 EAST COLONIAL DRIVE
ORLANDO FL 32807

JIM STORY'S AUTO SALES AND COLONIAL GARAGE, INC.
% 6105 EAST COLONIAL DRIVE
ORLANDO FL 32807

3. Date Incorporated or Qualified 11/03/1983	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2334613	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	2a. Mailing Address
21. State, Apt. #, etc. FL	26. State, Apt. #, etc. FL
22. City & State ORLANDO FL	27. City & State ORLANDO FL
23. Zip 32807	28. Zip 32807
24. Country USA	29. Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STORY, JAMES E.
6105 EAST COLONIAL DRIVE
ORLANDO FL 32807

81. Name STORY, JAMES E.
82. Street Address (P.O. Box Number is Not Acceptable) 6105 EAST COLONIAL DRIVE
83. City ORLANDO
84. State FL
85. Zip Code 32807

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 of person providing information for filing (if not the registered agent)

(Print) Registered Agent signature required when state is changed

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
1. DP	STORY, JAMES E.	1. 1. TITLE	1. 1. NAME
2. D	STORY, AMY C.	2. 2. TITLE	2. 2. NAME
3. D	STORY, AMY C.	3. 3. TITLE	3. 3. NAME
4. D	STORY, AMY C.	4. 4. TITLE	4. 4. NAME
5. D	STORY, AMY C.	5. 5. TITLE	5. 5. NAME
6. D	STORY, AMY C.	6. 6. TITLE	6. 6. NAME
7. D	STORY, AMY C.	7. 7. TITLE	7. 7. NAME
8. D	STORY, AMY C.	8. 8. TITLE	8. 8. NAME
9. D	STORY, AMY C.	9. 9. TITLE	9. 9. NAME
10. D	STORY, AMY C.	10. 10. TITLE	10. 10. NAME
11. D	STORY, AMY C.	11. 11. TITLE	11. 11. NAME
12. D	STORY, AMY C.	12. 12. TITLE	12. 12. NAME
13. D	STORY, AMY C.	13. 13. TITLE	13. 13. NAME
14. D	STORY, AMY C.	14. 14. TITLE	14. 14. NAME
15. D	STORY, AMY C.	15. 15. TITLE	15. 15. NAME
16. D	STORY, AMY C.	16. 16. TITLE	16. 16. NAME
17. D	STORY, AMY C.	17. 17. TITLE	17. 17. NAME
18. D	STORY, AMY C.	18. 18. TITLE	18. 18. NAME
19. D	STORY, AMY C.	19. 19. TITLE	19. 19. NAME
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91. D	STORY, AMY C.	91. 91. TITLE	91. 91. NAME
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97. D	STORY, AMY C.	97. 97. TITLE	97. 97. NAME
98. D	STORY, AMY C.	98. 98. TITLE	98. 98. NAME
99. D	STORY, AMY C.	99. 99. TITLE	99. 99. NAME
100. D	STORY, AMY C.	100. 100. TITLE	100. 100. NAME

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 person 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 to this filing.

SIGNATURE: *James E. Story*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96 407 273 1810

CR2E034 (12/95)