

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Norman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **G71548** (3)

95 MAY -1 PM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

YARBROUGH MOTORS SOUTH CORPORATION

(Print or Write in this space)

1. Principal Office Address % INES YARBROUGH 2781 MAYPORT ROAD ATLANTIC BEACH FL 32233		2a. Mailing Address % INES YARBROUGH 2781 MAYPORT ROAD ATLANTIC BEACH FL 32233		3. Date of Incorporation (or Reincorporation) 11/22/1983	3a. Date of Last Report 04/28/1994
2. Principal Office Address 21 1800 MAYPORT RD # 15	2a. Mailing Address 26 P.O. BOX 373	4. Fictitious 59-2351968	☐ Applicable ☐ Not Applicable		
22. City & State ATLANTIC BEACH FL.	27. City & State ATLANTIC BEACH FL.	5. Certificate of Status Requested ☐ \$8.75 Additional Fee Required			
23. Zip Code 32233	28. Zip Code 32233	6. Election Campaign Financing Total Fund Contribution ☐ \$5.00 May Be Added to Fees			
24. ☐ Yes ☐ No	25. DUVAL	29. ☐ Yes ☐ No	30. DUVAL	8. This corporation has liability for delinquent tax liability to Florida Florida Statutes ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent YARBROUGH, MICHAEL 227 BELVEDERE ST ATLANTIC BEACH 32233				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number - Not Acceptable)	
				83.	
				84. City	85. Zip Code
				FL	
11. I, the undersigned, do hereby certify that the above information is true and correct. I am the duly authorized officer or director of the corporation named herein and I am authorized to execute this statement for the purpose of changing its registered office or registered agent 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 <i>Michael Yarbrough</i> 4/1/95					

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	VST YARBROUGH, INES 227 BELVEDERE ST ATLANTIC BCH, FL 00000	NAME	☐ Change ☐ Addition
STREET ADDRESS	DP YARBROUGH, INES 227 BELVEDERE ST ATLANTIC BEACH FL	STREET ADDRESS	☐ Change ☐ Addition
CITY & STATE	ST YARBROUGH, MICHAEL O 227 BELVEDERE ST ATLANTIC BEACH FL	CITY & STATE	☐ Change ☐ Addition
ZIP CODE		ZIP CODE	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY & STATE		CITY & STATE	☐ Change ☐ Addition
ZIP CODE		ZIP CODE	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY & STATE		CITY & STATE	☐ Change ☐ Addition
ZIP CODE		ZIP CODE	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished, true and correct, and equally for the corporation stated in law from 11/22/1983 to the Florida Statutes. I further certify that the information supplied 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 upon oath. That I am an officer or director of this corporation or the business of the corporation and I am authorized to execute this report as required by Chapter 603, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an additional report with an address.

SIGNATURE: *INES YARBROUGH* INES YARBROUGH, PRES. 1 APRIL 1995 904 241-9885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR