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 # **G75820** **(2)**

1. Corporation Name
EDMONDSON MOTOR CO., INC.

Principal Place of Business
6347 PHILLIPS HWY.
JACKSONVILLE FL 32216

Mailing Address
6347 PHILLIPS HWY.
JACKSONVILLE FL 32216

2. Principal Place of Business
21
Street Address
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Street Address
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified
12/23/1983

3a. Date of Last Report
02/13/1995

4. FEI Number
59-2348346
☐ 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

HERMAN, PAUL
2468 ATLANTIC BLVD
JACKSONVILLE,F L 32207

10. Name and Address of New Registered Agent

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 1606.1105, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
EDMONDSON, RICHARD
6347 PHILLIPS HWY
JACKSONVILLE, FL 00000

S
GRAY, KARON
2485 SEGOUIA AVE
JACKSONVILLE, FL 00000

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true, accurate, complete and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify 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 with an address, with the appropriate designation.

SIGNATURE: Richard T. Edmondson 2-9-96 904-731-3316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)