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

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:17

DOCUMENT # H49008 (6)

1. Corporation Name

BILL'S BULLFROG AUTO SALES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| % C. L. RADFORD<br>749 E. JOHN SIMS PKWY<br>NICEVILLE FL 32578 | % C. L. RADFORD<br>749 E. JOHN SIMS PKWY<br>NICEVILLE FL 32578 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1985
3a. Date of Last Report: 01/27/1994

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
Suite, Apt. #, etc.: 27
City & State: 23
City & State: 28
Zip: 24 Country: 25
Zip: 29 Country: 30

4. FEI Number: 59-2506516 [ ] 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 | 10. Name and Address of New Registered Agent |
|---|---|
| RADFORD, C. L.<br>749 E. JOHN SIMS PKWY<br>NICEVILLE FL 32578 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code |

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 typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PS | 1.1 TITLE | [ ] Change [ ] Addition |
| NAME | RADFORD, C. L. | 1.2 NAME | |
| STREET ADDRESS | 749 E. JOHN SIMS PKWY | 1.3 STREET ADDRESS | |
| CITY ST ZIP | NICEVILLE FL | 1.4 CITY ST ZIP | |
| TITLE | VT | 2.1 TITLE | [ ] Change [ ] Addition |
| NAME | RADFORD, ANNA C. | 2.2 NAME | |
| STREET ADDRESS | 749 E. JOHN SIMS PKWY | 2.3 STREET ADDRESS | |
| CITY ST ZIP | NICEVILLE FL | 2.4 CITY ST ZIP | |
| TITLE | | 3.1 TITLE | [ ] Change [ ] Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY ST ZIP | | 3.4 CITY ST ZIP | |
| TITLE | | 4.1 TITLE | [ ] Change [ ] Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY ST ZIP | | 4.4 CITY ST ZIP | |
| TITLE | | 5.1 TITLE | [ ] Change [ ] Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY ST ZIP | | 5.4 CITY ST ZIP | |
| TITLE | | 6.1 TITLE | [ ] Change [ ] Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY ST ZIP | | 6.4 CITY ST 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 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] SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

12 Jan 95 904-678-3001
Date Daytime Phone

0391621 CP