

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Shirley B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H52508

(9)

1. Corporation Name

STYLE CARS OF FLORIDA, INC.

Principal Place of Business

2740 SOUTH COMBEE ROAD  
LAKELAND FL 33803  
US

Mailing Address

2740 SOUTH COMBEE ROAD  
LAKELAND FL 33803  
US



3. Date Incorporated or Qualified  
04/16/1985

3a. Date of Last Report  
09/20/1995

4. FEI Number  
59-2530404

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

ELDRIDGE, MICHAEL RAY  
2740 SOUTH COMBEE ROAD  
LAKELAND FL 33803

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 607.1505, 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 the person who is authorized to change the registered office or registered agent

NOTE: If you are changing the registered office or registered agent, you must also file a statement of change of registered office or registered agent with this statement.

DATE

12. OFFICERS AND DIRECTORS

1. TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
ELDRIDGE, MICHAEL RAY  
2740 S. COMBEE RD. STE 2  
LAKELAND FL

☐ DELETE

2. TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

3. TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

4. TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5. TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6. TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

7. TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

SIGNATURE: *Michael Ray*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-ST-ZIP

☐ Change ☐ Addition

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