

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 # J02985 (6)

1. Corporation Name

COURTESY FORD, INC.



Principal Place of Business

3101 NORTH STATE ROAD 7
HOLLYWOOD FL 33021

Mailing Address

3101 NORTH STATE ROAD 7
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified
03/10/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2649297

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

GAINER, GLEN
15551 SO DIXIE HWY
KENDALL FL 33157

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 607.1508, 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE
NAME CARROLL, JAMES S.
STREET ADDRESS 3101 NORTH STATE ROAD 7
CITY-ST-ZIP HOLLYWOOD FL

1.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME Carroll, James S
1.3 STREET ADDRESS 3101 North State Road 7
1.4 CITY-ST-ZIP Hollywood, FL 33021

TITLE V ☐ DELETE
NAME GAINER, GLEN
STREET ADDRESS 1551 S DIXIE HWY
CITY-ST-ZIP KENDALL FL 33157

2.1 TITLE V/D ☒ Change ☐ Addition
2.2 NAME Gainer, Glen
2.3 STREET ADDRESS 15551 S Dixie Highway
2.4 CITY-ST-ZIP Kendall, FL 33157

TITLE STD ☐ DELETE
NAME GILES, JANET L.
STREET ADDRESS 3101 N. STATE RD. 7
CITY-ST-ZIP HOLLYWOOD FL 33021

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME KERR, RALPH S.
STREET ADDRESS 6407 BARFIELD RD.
CITY-ST-ZIP ATLANTA GA 30328

4.1 TITLE V/D ☒ Change ☐ Addition
4.2 NAME Kerr, Ralph S
4.3 STREET ADDRESS 6407 Barfield Road
4.4 CITY-ST-ZIP Atlanta, GA 30328

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)