

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 3: 14

DOCUMENT # **J18746 (4)**

1. Corporation Name
JIM QUINLAN, FORD LINCOLN-MERCURY, INC.

Principal Place of Business Mailing Address
**7200 BROAD ST
BROOKSVILLE FL 34601
US** **PO BOX 10209
BROOKSVILLE FL 34601-0209
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/05/1986** 3a. Date of Last Report **04/06/1994**

2. Principal Place of Business 2a. Mailing Address
21 **26**

4. FEI Number **59-2690846** Applied For
Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State City & State
23 **28**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country Zip Country
24 **25 HERNANDO** **29** **30 HERNANDO**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MARTIN, LARRY B.
7200 BROAD ST.
BROOKSVILLE FL 34601**

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** **05** 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 _____ DATE _____
Signature: Name of (current) agent or registered agent and title (applicable) (DATE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	QUINLAN, JAMES M.
STREET ADDRESS	15005 U.S. HWY. 19 S.
CITY, ST, ZIP	CLEARWATER FL
TITLE	DVP
NAME	QUINLAN, GERARD R.
STREET ADDRESS	15005 U.S. HWY. 19 S.
CITY, ST, ZIP	CLEARWATER FL
TITLE	DST
NAME	QUINLAN, JAMES G.
STREET ADDRESS	15005 U.S. HWY. 19 S.
CITY, ST, ZIP	CLEARWATER FL
TITLE	M
NAME	MARTIN, LARRY B.
STREET ADDRESS	7200 BROAD STREET
CITY, ST, ZIP	BROOKSVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. 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 (3)(3)(b), 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 of changes, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LARRY B. MARTIN

01/10/95 (904) 796-3525
Date Telephone #