

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J19038 (5)

1. Corporation Name

HODGES MOTOR SALES, INC.



Principal Place of Business

3169 HWY. 441 S.E.  
OKEECHOBEE FL 34974

Mailing Address

3169 HWY. 441 S.E.  
OKEECHOBEE FL 34974

3. Date Incorporated or Qualified  
06/12/1986

3a. Date of Last Report  
01/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

4. FEI Number  
59-2684257

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

HODGES, FRED L.  
3169 HIGHWAY 441 SOUTHEAST  
OKEECHOBEE FL 34974  
34974

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 of person providing information of registered agent and office (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME HODGES, FRED L.  
STREET ADDRESS 3169 HWY 441 SE  
CITY-ST-ZIP OKEECHOBEE FL  
TITLE VST ☐ DELETE  
NAME HODGES, BETTY R.  
STREET ADDRESS 3169 HWY 441 SE  
CITY-ST-ZIP OKEECHOBEE FL  
TITLE D ☐ DELETE  
NAME HODGES, BETTY R.  
STREET ADDRESS 3169 HWY 441 SE  
CITY-ST-ZIP OKEECHOBEE FL  
TITLE ☐ DELETE  
NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

1. TITLE ☐ Change ☐ Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP  
5. TITLE ☐ Change ☐ Addition  
6. NAME  
7. STREET ADDRESS  
8. CITY-ST-ZIP  
9. TITLE ☐ Change ☐ Addition  
10. NAME  
11. STREET ADDRESS  
12. CITY-ST-ZIP  
13. TITLE ☐ Change ☐ Addition  
14. NAME  
15. STREET ADDRESS  
16. CITY-ST-ZIP  
17. TITLE ☐ Change ☐ Addition  
18. NAME  
19. STREET ADDRESS  
20. 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: Betty R. Hodges  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-96 (941) 763 4119  
Date Daytime Phone #

CR2E034 (12/95)