

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY 11 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J46836 (9)

1. Corporation Name:

ECONOMY AUTO SALES OF HOMESTEAD, INC.

Principal Place of Business:

**30000 SOUTH DIXIE HWY.
HOMESTEAD FL 33003**

Mailing Address:

**30000 SOUTH DIXIE HWY.
HOMESTEAD FL 33003**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification:

12/12/1986

3a. Date of Last Report:

03/16/1994

4. FEI Number:

59-2772054

Applied Fee:

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

2. Principal Place of Business:

21

Street Apt. # etc.

22

City & State

23

24

25

2a. Mailing Address:

26

Street Apt. # etc.

27

City & State

28

29

30

9. Name and Address of Current Registered Agent

**KELLEY, JAMES P
30000 S. DIXIE HWY.
HOMESTEAD FL 33003**

10. Name and Address of New Registered Agent

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 607.03(1) and 607.03(2) 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 hereby authorized to accept the provisions of Sections 607.03(1) and 607.03(2) Florida Statutes.

Signature:

12. OFFICERS AND DIRECTORS

NAME	PD KELLEY, JAMES P 30000 S. DIXIE HWY. HOMESTEAD FL
STREET ADDRESS	
CITY	
STATE	
ZIP CODE	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP CODE	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP CODE	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP CODE	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY		
STATE		
ZIP CODE		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY		
STATE		
ZIP CODE		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY		
STATE		
ZIP CODE		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY		
STATE		
ZIP CODE		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 139.01(3)(b) Florida Statutes. I further certify that this information originated 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 as changed, or in an attachment with an address.

SIGNATURE

[Signature]

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Kelley

5/8/95

305 248-0334