

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

APPROVED
AND
FILED

55 MAY -1 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J59074

(1)

1. Corporation Name

B & M SUNCOAST AUTO CENTER, INC.

Principal Place of Business

% HAROLD HIBBERT
500 S BROAD ST
BROOKSVILLE FL 34601

Mailing Address

% HAROLD HIBBERT
500 S BROAD ST
BROOKSVILLE FL 34601

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/01/1987

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21 500 S Broad St

2a. Mailing Address

26 500 S Broad St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 Brooksville FL

27

City & State

28 Brooksville FL

24

Zip

34601

25

Country

US

29

Zip

34601

30

Country

US

4. FEI Number

59-2773462

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

HIBBERT, HAROLD
500 S BROAD ST
BROOKSVILLE FL 34601

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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	HIBBERT, HAROLD
STREET ADDRESS	2654 WATERFALL DR
CITY - ST - ZIP	SPRING HILL FL
TITLE	T
NAME	HIBBERT, MILDRED
STREET ADDRESS	2654 WATERFALL DR
CITY - ST - ZIP	SPRING HILL FL
TITLE	V
NAME	HIBBERT, DAVID
STREET ADDRESS	13289 PINELLAS AVE.
CITY - ST - ZIP	SPRING HILL FL
TITLE	S
NAME	HIBBERT, LINDA
STREET ADDRESS	13289 PINELLAS AVE.
CITY - ST - ZIP	SPRING HILL FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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

4/29/95

904-796-9855