

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 3:24

DOCUMENT # J69416 (2)

1. Corporation Name

AUCKLAND MOTORS, INC.

Principal Place of Business

**12233 LACEWOOD LN
WELLINGTON FL 33414**

Mailing Address

**12233 LACEWOOD LN
WELLINGTON FL 33414**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1987

3a. Date of Last Report

04/08/1994

4. FEI Number

59-2800612

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$6.75 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 6980 Wallis Road

2a. Mailing Address

25 Suite, Apt. #, etc.

22 Suite 2D

27 Suite, Apt. #, etc.

City & State

23 West Palm Beach, Fl.

City & State

28

Zip

24 33413

Country

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**PEAVEY, WILLIAM
12233 LACEWOOD LANE
W. PALM BEACH 33414**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

Wellington

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 selection required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	PEAVEY, WILLIAM
STREET ADDRESS	12233 LACEWOOD LANE
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	S
NAME	NIDAY, CHERLY
STREET ADDRESS	12233 LACEWOOD LANE
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	Wellington, Fl. 33414
21 TITLE	☒ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	Wellington, Fl. 33414
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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 if changed, or on an attachment with an address.

SIGNATURE: ☒

(Signature and typed or printed name of registered officer or director)

☒ 3-22-95

(Date)

☒ 407-6832858

(Typed Name)