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

APPROVED AND FILED

95 MAR -3 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K06685 (7)

1. Corporation Name

NORTHSIDE DODGE, INC.

Principal Place of Business	Mailing Address
% BRENT D. SHORE 3333 MAIN STREET JACKSONVILLE FL 32206	% BRENT D. SHORE 3333 MAIN STREET JACKSONVILLE FL 32206

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/14/1987
3a. Date of Last Report: 02/18/1994

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2859702 ☐ 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

SHORE, BRENT D.
4151 WOODCOCK DR.
SUITE 101
JACKSONVILLE FL 32207

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 607.0502 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	DARVISH, JOHN R.	12 NAME	John Darvish	
STREET ADDRESS	9020 LANHAM SEVERN RD.	13 STREET ADDRESS	9020 Lanham Severn Road	
CITY-ST-ZIP	LANHAM MD	14 CITY-ST-ZIP	Lanham, Md.	
TITLE	VP	21 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	ROCK, HOWARD L.	22 NAME	Howard L. Rock	
STREET ADDRESS	333 MAIN STREET	23 STREET ADDRESS	3333 Main Street	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Jax., Fl. 32206	
TITLE	VP	31 TITLE		☐ Change ☐ Addition
NAME	SHORE, WILLIAM T.	32 NAME		
STREET ADDRESS	1672 CASSAT AVE.	33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP		
TITLE	ST	41 TITLE		☐ Change ☐ Addition
NAME	HOWARD, PATRICIA	42 NAME		
STREET ADDRESS	1672 CASSAT AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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 119.07(3)(i), 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] 2-27-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0022782 CP