

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K06685

(7)

1. Corporation Name

NORTHSIDE DODGE, INC.



Principal Place of Business

% BRENT D. SHORE
3333 MAIN STREET
JACKSONVILLE FL 32206

Mailing Address

% BRENT D. SHORE
3333 MAIN STREET
JACKSONVILLE FL 32206

3. Date Incorporated or Qualified
12/14/1987

3a. Date of Last Report
03/03/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2859702

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

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

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

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 in printed name of registered agent and identical to applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME

DARVISH, JOHN R.
9020 LANHAM SEVERN RD.
LANHAM MD

12 NAME

STREET ADDRESS

13 STREET ADDRESS

CITY, ST, ZIP

14 CITY - ST - ZIP

TITLE

P

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME

ROCK, HOWARD L.
3333 MAIN STREET
JACKSONVILLE FL

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY, ST, ZIP

24 CITY - ST - ZIP

TITLE

VP

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME

SHORE, WILLIAM T.
1672 CASSAT AVE.
JACKSONVILLE FL

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY, ST, ZIP

34 CITY - ST - ZIP

TITLE

ST

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

HOWARD, PATRICIA
1672 CASSAT AVE.
JACKSONVILLE FL

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY, ST, ZIP

44 CITY - ST - ZIP

TITLE

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY, ST, ZIP

54 CITY - ST - ZIP

TITLE

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY, ST, ZIP

64 CITY - ST - ZIP

300001747883
-03/18/96--01122--016
***200.00

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

Date

Daytime Phone #

2-14-96

(904) 334-1224

CR2E034 (12/95)