FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 K24436 (3) DOCUMENT # SANTA FE FORD, INC. Mailing Address Principal Place of Business US HWY 441 NORTH, RD #1 US HWY 441 NORTH, RD #1 ALACHUA FL 32606 ALACHUA FL 32606 3. Date Incorporated or Qualified 3a. Date of Last Report 05/19/1988 02/21/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2892876 Not Applicable 21 26 \$8.75 Additional Suite Apt. #, etc. Suite Ant #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Γ Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WAITCUS, JOHN J. Street Address (P.O. Box Number is Not Acceptable) 1910 NW 14TH AVE 83 GAINESVILLE FL 32601 84 City 85 Zip Code 11. Porsuant 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 bottly in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lamitariv, thy and accept the obligations of, Section 607,0505, Florida Statutes. SHANATURE the Ma. Regulatives, Agend social inscreptured when rain statings OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 DEFE Change Addition 1.11 (c) WAITCUS, JOHN J. 5233 1.2 NAME 1910 NW 14TH AVE 13 STREET ADDRESS STREET ATTURESS GAINESVILLE FL (d) <u>\$1.7</u>/ 14 C(1) - S! - Z(P $i,i_{\lfloor \frac{r}{2}\rfloor};$ T DELETE 2 1 TOLE ☐ Change Addition WAITCUS, HENRIETTA D. K 116 2.2 NAME 1910 NW 14TH AVE State LANGAGE 2.3 STREET ADDRESS GAINESVILLE FL C16 St 78 2.4 CITY - \$1 - ZiP DELETE 3 1 THE€ Change Addition 11,1 3.2 NAME NAME Killer Harman 3.3 STREE ACORESS 3.4 CITY - ST - ZIP DELFTE Change Addition 1000 4 1 Id. E 4.2 NAME N355 Sittiff A. Dear 4.3 STREET ADDRESS (05 <u>M</u> A 4.4 City - \$1 - 2iF DELETÉ Addition DI. F 5 THILE 6,385 5.2 NAME STABLE FORES 5.3 STHEET ADDRESS 5.4 C(1) x - \$1 - 7(P Offic St. 24 DELETE ☐ Change Addition ~ 1j 6 6.11-TLF A 6.2 NAME \$14(5),40,65% 6.3 STREET ADDRESS 6.4 CITY - ST- ZiP 016-91-72 larily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Hurther 14. Too hereby centry that the information soon ed with centry that the information indicated on this annual replicate, that I am an officer or director of the disporation al report is true and accurate and that my signature shall have the same legal effect as if made under , empowered to execute this report as required by Chapter 607, Flonda Statutes, and that my name

1-23-96

appears in Block 12 or Block 13 if changed

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

CR2E034 (12/95)