

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jandra B. Morhart
Secretary of State
1995-1999

APPROVED
AND
FILED

DOCUMENT # K35600

(1)

SOUTHERN BUILDING STRUCTURES, INC.

SEVEN - 1 PM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
PO BOX 5278
PO BOX 5278
GAINESVILLE FL 32602-5278
US

Mailing Address
PO BOX 5278
PO BOX 5278
GAINESVILLE FL 32602-5278
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 2040 NW 67TH PL.

2a. Mailing Address

26

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22 City & State
23 GAINESVILLE, FL

27 City & State

28

24 Zip
32653

25 Country

29 Zip

30 Country

3. Date incorporated or Qualified
09/30/1988

3a. Date of Last Report
04/06/1994

4. FTA Number
59-2957064

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. 199.03,
Florida Statute. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARPENTER, RONALD A.
4127 NW 27TH LANE
GAINESVILLE FL 32606

81 Name

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

83

84 City

FL

85

32653

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 607.0503, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE C	1. NAME O'NEIL, DENNIS R.	1. TITLE ☒ Change ☐ Addition	
2. NAME O'NEIL, DENNIS R.	2. STREET ADDRESS 2040 NW 67TH PL.	2. NAME 32653	
3. CITY & STATE GAINESVILLE FL	3. CITY & STATE GAINESVILLE FL	3. NAME 32653	
4. TITLE VC	4. NAME MALLINI, G. T.	4. TITLE ☒ Change ☐ Addition	
5. NAME MALLINI, G. T.	5. STREET ADDRESS 2040 NW 67TH PL.	5. NAME 32653	
6. STREET ADDRESS GAINESVILLE FL	6. CITY & STATE GAINESVILLE FL	6. NAME 32653	
7. TITLE CEO	7. NAME MALLINI, G.T.	7. TITLE ☒ Change ☐ Addition	
8. NAME MALLINI, G.T.	8. STREET ADDRESS 2040 NW 67TH PL.	8. NAME 32653	
9. STREET ADDRESS GAINESVILLE FL	9. CITY & STATE GAINESVILLE FL	9. NAME 32653	
10. TITLE SECRETARY	10. NAME RONALD A. CARPENTER	10. TITLE ☐ Change ☒ Addition	
11. NAME RONALD A. CARPENTER	11. STREET ADDRESS 4127 NW 27TH LANE	11. NAME GAINESVILLE, FL 32653	
12. CITY & STATE GAINESVILLE FL	12. CITY & STATE GAINESVILLE, FL 32653	12. NAME PRESIDENT	
13. TITLE PRESIDENT	13. NAME G.T. MALLINI	13. TITLE ☐ Change ☒ Addition	
14. NAME G.T. MALLINI	14. STREET ADDRESS 2040 N.W. 67TH PL.	14. NAME GAINESVILLE, FL 32653	
15. STREET ADDRESS GAINESVILLE FL	15. CITY & STATE GAINESVILLE, FL 32653	15. NAME ☐ Change ☐ Addition	
16. TITLE G.T. MALLINI	16. NAME G.T. MALLINI	16. TITLE ☐ Change ☐ Addition	
17. STREET ADDRESS GAINESVILLE FL	17. STREET ADDRESS GAINESVILLE FL	17. NAME ☐ Change ☐ Addition	
18. CITY & STATE GAINESVILLE FL	18. CITY & STATE GAINESVILLE FL	18. NAME ☐ Change ☐ Addition	

14. I, the undersigned, certify that the information supplied with this filing is completely true and correct, and does not contain any untrue or misleading information. I further certify that the information included in this annual report or registration statement 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 registered agent of the corporation, and that my signature is required by Chapter 607, Florida Statutes, and that my name appears in the list of officers and directors of the corporation, and that my name appears in the list of officers and directors of the corporation, and that my name appears in the list of officers and directors of the corporation.

SIGNATURE:

G.T. Mallini

G. T. Mallini 3/30/95 (904) 378-6227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CONFIRMATION
MAILING RECEIPT
1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
Tallahassee, Florida
32399-0001

RECEIVED
MAY 11 1995

DOCUMENT # **K36381** (7)
1. Corporation Name
AMERICAN MOTOR CAR & TRADING COMPANY

RECEIVED
MAY 11 1995
FLORIDA
TALLAHASSEE

2. Principal Office Address
**1751 CROTON ROAD
P.O. BOX 510851
MELBOURNE BEACH FL 32951-7851**

2a. Mailing Address
**P.O. Box 510851
MELBOURNE BEACH, FL
32951-0851**

2b. State of Incorporation
FLORIDA

2c. Federal Tax Identification Number
59-2910347

2d. Date of Incorporation
10/04/1988

2e. Date of Filing
04/28/1994

2f. Additional Fees
\$8.75 Additional Fee Required

2g. May Be Added to Fees
\$5.00

2h. Name and Address of Current Registered Agent
**BEACHAM, DIANA
1511 ATLANTIC STREET
MELBOURNE FL 32951-0851**

2i. Name and Address of New Registered Agent

3. Name and Address of Current Registered Agent
**BEACHAM, DIANA
1511 ATLANTIC STREET
MELBOURNE FL 32951-0851**

4. Name and Address of New Registered Agent

5. Name and Address of Current Registered Agent
**BEACHAM, DIANA
1511 ATLANTIC STREET
MELBOURNE FL 32951-0851**

6. Name and Address of New Registered Agent

14. I hereby certify that the information supplied on this form is true and correct, and that I am the owner of the corporation. I understand that if I fail to provide the information required on this form, I may be subject to penalties and fines. I understand that if I fail to provide the information required on this form, I may be subject to penalties and fines. I understand that if I fail to provide the information required on this form, I may be subject to penalties and fines.

SIGNATURE: **DIANA BEACHAM**

Diana Beacham 407
4/26/95 9847337