

4-6-95 8:30 AM
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -6 AM 9:21

DOCUMENT # K73142 (7)

1. Corporation Name

REGENCY NISSAN, INC.

Principal Place of Business

**3915 N. MAIN STREET
GAINESVILLE FL 32609**

Mailing Address

**3915 N. MAIN STREET
GAINESVILLE FL 32609**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/16/1989

3a. Date of Last Report

03/31/1994

4. FEI Number

59-2941314

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**GRAY, HENRY L. JR.
211 N.E. 1ST STREET
GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent

81 Name

WILLIAM T. LASSITER JR.

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

720 N OCEAN ST

83

84 City

JACKSONVILLE

FL

85 Zip Code

32202

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

WILLIAM T. LASSITER JR.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
HUTCHINSON, MILFORD F.
4025 N. MAIN STREET
GAINESVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
STRICKLAND, LEROY
105 N.W. 90TH TERRACE
GAINESVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**ST
SOURBEER, ERIC
3715 N. MAIN ST.
GAINESVILLE FL**

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(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

Leroy Stickland
LEROY STICKLAND V/PRES

3-27-95

904-378-2311

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Title

Telephone Number