

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L13427** (4)

1. Corporation Name

ORANGE AUTOMART, INC.



Principal Place of Business

**6507 SO. ORANGE AVE.
ORLANDO FL 32809**

Mailing Address

**6507 SO. ORANGE AVE.
ORLANDO FL 32809**

3. Date Incorporated or Qualified
08/31/1989

3a. Date of Last Report
07/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2965313

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

**RODDY, VIC
1401 QUAILEY AVE
#2018
ORLANDO FL 32804**

10. Name and Address of New Registered Agent

81

Name

LISA BRADNICK

82

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

4607 ALRIK DR.

83

84

City

ORLANDO

FL

85

Zip Code

32839

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

Lisa Bradnick

Sec. 1 Treas.

4-20-96

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

VP

NAME

BRYANT, GARY W

STREET ADDRESS

1235 BAYPOINT CT

CITY-ST-ZIP

LONGWOOD FL

TITLE

PSTD

NAME

RODDY, VIC

STREET ADDRESS

1055 S HIAWASSEE RD #2018

CITY-ST-ZIP

ORLANDO FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

1.1 TITLE

SEC. 1 TREAS.

1.2 NAME

LISA BRADNICK

1.3 STREET ADDRESS

4607 ALRIK DR.

1.4 CITY-ST-ZIP

ORLANDO, FL. 32839

2.1 TITLE

PRESIDENT

2.2 NAME

C. THOMAS EXUM

2.3 STREET ADDRESS

285 BERNARD AVE.

2.4 CITY-ST-ZIP

ORLANDO LONGWOOD, FL. 32790

☐ 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 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 or changed, or on an attachment with an address.

SIGNATURE

Lisa Bradnick

LISA BRADNICK

4-20-96

407-438-0510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)