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 # **L30350** **(7)**

1. Corporation Name

FITZGERALD MOTORS, INC.

Principal Place of Business	Mailing Address
27365 U.S. HWY 19 NORTH CLEARWATER FL 34621-2940	27365 U.S. HWY 19 NORTH CLEARWATER FL 34621-2940

3. Date Incorporated or Qualified: **11/17/1989**
3a. Date of Last Report: **03/23/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-2978037** ☐ 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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	SCHOOLEY, DALE		1.2 NAME	Robert J. Smith	
STREET ADDRESS	27365 US HWY 19 NORTH		1.3 STREET ADDRESS	27365 US Hwy 19 No	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	Clearwater, Fl. 34621	
TITLE	DVT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JENKINS, GARRY M.		2.2 NAME		
STREET ADDRESS	11411 ROCKVILLE PIKE		2.3 STREET ADDRESS		
CITY-ST-ZIP	KENSINGTON MD		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CASH, JAMES W.		3.2 NAME		
STREET ADDRESS	11411 ROCKVILLE PIKE		3.3 STREET ADDRESS		
CITY-ST-ZIP	KENSINGTON MD		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KOCH, WILLIAM H.		4.2 NAME		
STREET ADDRESS	11411 ROCKVILLE PIKE		4.3 STREET ADDRESS		
CITY-ST-ZIP	KENSINGTON MD		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BENTZEN, MICHAEL P.		5.2 NAME		
STREET ADDRESS	1225 EYE ST. NW, #1010		5.3 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC		5.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	6.1 TITLE	S	☒ Change ☐ Addition
NAME	LEHR, KIMBERLY		6.2 NAME	Jessie R. Barber	
STREET ADDRESS	27365 US HIGHWAY 19 NORTH		6.3 STREET ADDRESS	27365 US Hwy 19 No.	
CITY-ST-ZIP	CLEARWATER FL		6.4 CITY-ST-ZIP	Clearwater, Fl 34621	

CR2E034 (12/95)

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: Robert J. Smith Robert J. Smith 4/29/96 813 799 1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #