

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **L57857** (9)

1. Corporation Name

**ROYAL CARS, INC.**



Principal Place of Business

110 N. STATE ST.  
C/O JOAN DAVIS  
BUNNELL FL 32110  
US

Mailing Address

P.O. BOX 717  
C/O JOAN DAVIS  
BUNNELL FL 32110  
US

3. Date Incorporated or Qualified  
**03/12/1990**

3a. Date of Last Report  
**04/26/1995**

2. Principal Place of Business

21 **SAME**

Suite, Apt. #, etc.

22

City & State

23

Zip

24

2a. Mailing Address

26 **SAME**

Suite, Apt. #, etc.

27

City & State

28

Zip

29

30

4. FEI Number

**59-3005630**

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

DAVIS, JOAN  
212 LAMBERT AVENUE  
FLGLER BEACH FL 32136

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

Signature, typed or printed name of registered agent and kind of signature

Signature, typed or printed name of registered agent and kind of signature

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
PD  
DAVIS, JOAN  
212 LAMBERT AVENUE  
FLGLER BEACH FL

TITLE ☐ DELETE

NAME  
ST  
DAVIS, JOAN  
212 LAMBERT AVENUE  
FLGLER BEACH FL

TITLE ☐ DELETE

NAME  
ST  
DAVIS, JOAN  
212 LAMBERT AVENUE  
FLGLER BEACH FL

TITLE ☐ DELETE

NAME  
ST  
DAVIS, JOAN  
212 LAMBERT AVENUE  
FLGLER BEACH FL

TITLE ☐ DELETE

NAME  
ST  
DAVIS, JOAN  
212 LAMBERT AVENUE  
FLGLER BEACH FL

TITLE ☐ DELETE

NAME  
ST  
DAVIS, JOAN  
212 LAMBERT AVENUE  
FLGLER BEACH FL

TITLE ☐ DELETE

NAME  
ST  
DAVIS, JOAN  
212 LAMBERT AVENUE  
FLGLER BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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:

**Joan Davis**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Joan Davis** 2-9-96 904 437-0624  
DATE DAY/PHONE

CR2E034 (12/95)