FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:35

DOCUMENT # **L77333** **(7)**

1. Corporation Name
FRIENDSHIP MOTORS PERRY COMPANY

Principal Place of Business	Mailing Address
1416 W. BASE ST. MADISON FL 32340 US	P.O. BOX 277 ST. MARKS FL 32355 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/04/1990
3a. Date of Last Report: 04/18/1994

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)

4. FEI Number: 59-3013658 ☐ 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

JONES, E. HOWARD
~~400 NEWPORT RD.~~
ST. MARKS FL 32355

10. Name and Address of New Registered Agent

81 Name (Same)
82 Street Address (P.O. Box Number is Not Acceptable) 11 NEWPORT RD.
83
84 City (Same) FL 85 Zip Code (Same)

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: Edwin H. Jones Director 3-31-95
Signature, type or print name of registered agent and title, if applicable. (Title required when signing on behalf of corporation) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☐ Change ☐ Addition
NAME	JONES, E. HOWARD	1.2 NAME	Jones, E. Howard	
STREET ADDRESS	200 W. MARION ST.	1.3 STREET ADDRESS	3005 Avon Circle	
CITY-ST-ZIP	MADISON FL	1.4 CITY-ST-ZIP	Tallahassee, FL	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	JONES, EDWIN H.	2.2 NAME		
STREET ADDRESS	750 DUPARC CIRCLE	2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: Edwin H. Jones 3-31-95 (904) 925-6345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0410041 FP