

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Nancy B. Moorman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -2 PM 3:12

DOCUMENT # **L89580** (9)

1. Corporation Name

BILL USSERY MOTORS BODY SHOP, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

% FLORIDA REGISTERED AGENTS, INC.
100 SE 2ND ST., SUITE 3600
MIAMI FL 33131

Mailing Address

% FLORIDA REGISTERED AGENTS, INC.
100 SE 2ND ST., SUITE 3600
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/26/1990

3a. Date of Last Report

04/01/1994

4. FEI Number

65-0218594

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

2. Principal Place of Business

21. 2601 S. Bayshore Dr.

Suite, Apt., etc.

22. Suite 1600

City & State

23. Miami, FL

Zip

24. 33133

Country

25. USA

2a. Mailing Address

26. 2601 S. Bayshore Dr.

Suite, Apt., etc.

27. Suite 1600

City & State

28. Miami, FL

Zip

29. 33133

Country

30. USA

9. Name and Address of Current Registered Agent

FLORIDA REGISTERED AGENTS, INC.

100 SE 2ND ST

STE 3600

MIAMI FL 33131

10. Name and Address of New Registered Agent

81. Name

Benjamin S. Schwartz

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

2601 South Bayshore Drive

83.

Suite 1600

84. City

Miami

FL

85. Zip Code

33133

11. Pursuant to the provisions of Sections 607.050 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 the office of the registered agent, and I am a resident of the State of Florida.

SIGNATURE

BENJAMIN S. SCHWARTZ

2/27/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BROCKWAY, JOHN
STREET ADDRESS	300 ALMERIA AVE.
CITY, ST, ZIP	CORAL GABLES FL
TITLE	DVS
NAME	NEWCOMB, WILLIAM
STREET ADDRESS	300 ALMERIA AVE.
CITY, ST, ZIP	CORAL GABLES FL
TITLE	DT
NAME	BROCKWAY, PATRICIA
STREET ADDRESS	300 ALMERIA AVE.
CITY, ST, ZIP	CORAL GABLES FL
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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	D, EVP
2.3 STREET ADDRESS	Robert C. Brockway
2.4 CITY, ST, ZIP	300 Almeria Avenue Coral Gables, FL
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	D
4.3 STREET ADDRESS	Brenda Brockway
4.4 CITY, ST, ZIP	300 Almeria Avenue Coral Gables, FL
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	D
5.3 STREET ADDRESS	Beth Brockway
5.4 CITY, ST, ZIP	300 Almeria Avenue Coral Gables, FL
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	DVP
6.3 STREET ADDRESS	John C. Brockway, III
6.4 CITY, ST, ZIP	300 Almeria Avenue Coral Gables, FL

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. 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 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR
Robert C. Brockway

2/21/95 3054488593