

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 AM 6:25

DOCUMENT # **L91916** (1)
1. Corporation Name
STAR MOTORS OF COLUMBIA, INC.

Principal Place of Business: **10 NORTH COLUMBIA ST. LAKE CITY FL 32055**
Mailing Address: **P.O. BOX 1029 LAKE CITY FL 32056 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/08/1990**
3a. Date of Last Report: **04/29/1994**

| | | | |
|---|-------------------------|--|---|
| 21. Principal Place of Business | 26. Mailing Address | 4. FEI Number 59-3042569 | Applied For <input type="checkbox"/> Not Applicable |
| 22. Suite, Apt. #, etc. | 27. Suite, Apt. #, etc. | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23. City & State | 28. City & State | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24. Zip | 25. Country | 29. Zip | 30. Country |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |

**HALEY, WILLIAM J.
10 NORTH COLUMBIA ST.
LAKE CITY FL 32055**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------|---|---|
| TITLE | D | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OOSTERHOUDT, F. S., III | 2. NAME | |
| STREET ADDRESS | 2817 EAST DUVAL ST. | 3. STREET ADDRESS | |
| CITY - ST - ZIP | LAKE CITY FL | 4. CITY - ST - ZIP | |
| TITLE | D | 21. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HALEY, WILLIAM J. | 22. NAME | |
| STREET ADDRESS | 10 NORTH COLUMBIA ST. | 23. STREET ADDRESS | |
| CITY - ST - ZIP | LAKE CITY FL | 24. CITY - ST - ZIP | |
| TITLE | | 31. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32. NAME | |
| STREET ADDRESS | | 33. STREET ADDRESS | |
| CITY - ST - ZIP | | 34. CITY - ST - ZIP | |
| TITLE | | 41. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42. NAME | |
| STREET ADDRESS | | 43. STREET ADDRESS | |
| CITY - ST - ZIP | | 44. CITY - ST - ZIP | |
| TITLE | | 51. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52. NAME | |
| STREET ADDRESS | | 53. STREET ADDRESS | |
| CITY - ST - ZIP | | 54. CITY - ST - ZIP | |
| TITLE | | 61. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62. NAME | |
| STREET ADDRESS | | 63. STREET ADDRESS | |
| CITY - ST - ZIP | | 64. 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 110.07(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 addendum.

SIGNATURE: *Michael S. Oosterhoudt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/95 004-755-0004
DATE (Type in Block 3)