

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

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra R. Northam
Secretary of State
DIVISION OF CORPORATIONS**

**APPROVED
AND
FILED**

95 MAY -1 PM 12:44

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # M65486 (6)

1. Corporation Name

SONNY O'S AUTO SALES, INC.

Principal Place of Business

**% KAREN M. O'SULLIVAN
511 S. DOCK FWY
NEW SMYRNA BEACH FL 32168**

Mailing Address

**% KAREN M. O'SULLIVAN
511 S. DOCK FWY
NEW SMYRNA BEACH FL 32168**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/22/1988

3a. Date of Last Report

06/14/1994

4. FEI Number

59-2865162

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**O'SULLIVAN, KAREN M.
2710 SABAL PALM DR.
EDGEWATER FL 32141**

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

Karen M. O'Sullivan

(NOTE: Registered Agent signature required when reappointing)

DATE

4/27/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	O'SULLIVAN, JR. EUGENE M
STREET ADDRESS	2170 SABAL PALM DR.
CITY - ST - ZIP	EDGEWATER FL
TITLE	VP
NAME	O'SULLIVAN, KAREN M.
STREET ADDRESS	2710 SABAL PALM DR.
CITY - ST - ZIP	EDGEWATER FL
TITLE	T
NAME	O'SULLIVAN, JR. EUGENE M
STREET ADDRESS	2710 SABAL PALM DR.
CITY - ST - ZIP	EDGEWATER FL
TITLE	S
NAME	O'SULLIVAN, KAREN M.
STREET ADDRESS	2710 SABAL PALM DR.
CITY - ST - ZIP	EDGEWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 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 address.

SIGNATURE:

Karen M. O'Sullivan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP

4/27/95

Date

423-4824

Telephone #