PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT # M93528

1. Corporation Name

(1)

SOUTHERN MOTORS, INC.

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Principal Place of Business Mailing Address							3232 DAVIS BLVD 1200 AIRPORT RD. NAPLES FL 33942 US 2a. Mailing Address 2b. Suite, Apt. #, etc. 2c. City & State 2c. Country 2ip 25 29 30 Country 2ip 25 29 30 Name Country 2ip 25 29 30 Name MILLIAM A. RT ROAD, SOUTH 33962 81 Ret ROAD, SOUTH 33962 Ret ROAD, South Registered Agent Agent Spatial Street Address (P. Registered by the corporation story, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation story, and accept the obligations of, Section 607.0505, Florida Statutes. COTE Registered Agent sgnature required when reciprocal agent and title if ap skeakle COTE Registered Agent sgnature required when reciprocal agent and title if ap skeakle COTE Registered Agent sgnature required when reciprocal agent and title if ap skeakle COTE Registered Agent sgnature required when reciprocal agent and title if ap skeakle COTE Registered Agent sgnature required when reciprocal agent and title if ap skeakle COTE Registered Agent sgnature required when reciprocal agent and title if ap skeakle COTE Registered Agent sgnature required when reciprocal agent and title if ap skeakle COTE Registered Agent sgnature required when reciprocal agent and title if ap skeakle COTE Registered Agent sgnature required when reciprocal agent and title if ap skeakle COTE Registered Agent sgnature required when reciprocal agent and title if ap skeakle COTE Registered Agent sgnature required when reciprocal agent and title if ap skeakle COTE Registered Agent sgnature required when reciprocal agent and title if ap skeakle COTE Registered Agent sgnature required when reciprocal agent and title if ap skeakle COTE Registered Agent sgnature required when reciprocal agent and title if ap skeakle COTE Registered Agent sgnature required when reciprocal agent and title if ap skeakle COTE Registered Agent sgnature required when reciprocal agent and title if ap skeakle				AN AMEN LANG		
3232 DAVID 1200 AIRPOI	RT RD.		120	AIRPORT RD.									
NAPLES FL	33942						3. Date Incorporated or Qualified 3a. Date of Last Report 08/10/1988 03/31/1995						
US			03	03									
	al Place of Busi	iness	2a.	Mailing Address				4. FEI Number			Applied For		
21			26	 				00 00000					
Surte, Apt. #, etc.			27	27				5. Certificate of Status Desired		Fee Required			
City & State			28	the state of the s			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees						
Zip	Zip Country			· · · · · · · · · · · · · · · · · · ·				8. This corporation has liability for intangible tax under s 199.032,					
24					30								
<u> </u>	9. Nam	e and Address of Curre	nt Regis	tered Agent		64	None	10. Name and Address of New F	Sa. Date of Last Report O3/31/1995 Applied For Not Applicable				
						["]	Name						
Donovan, William A. 2664 Airport Road, South						82	Street Addre	ss (P.O. Box Number is Not Acceptable)					
	FL 33962	-,											
						84	City		FL	85 Z	ip Code		
or rec	istered agent, o	or both, in the State of Flo	rida. Such	change was authorize	zed by the	oorp	named corpor oration's boar	ation submits this statement for the purid of directors. I hereby accept the app	rpose of cha ointment as	anging its registered	registered office d agent. I am		
SIGNATUI		ed or printed name of registered age	int and title if a	N) sicable (N	OTE Registere	d Agen	nt signature required	d when reinstating	DATE				
12.								ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	þ	P			☐ DELETE 1.1 T				[Change	☐ Addition		
NAME	BEATTY,	JERRY T.			1.2 N	IAME							
STREET ADOR					1.3 S	TREET	ADDRESS						
CITY-ST-ZIP	NAPLES	FL					it-ZIP						
TITLE	Y			☐ DELETE					ι	Change	Addition		
NAME													
l													
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NAME	REATTV	IEDDY T		_ Jeeene					,				
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City-St-ZiP													
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NAME					4.2 N	IAME							
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NAME					5.2 N	IAME							
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CHTY - ST - ZIP							ST-ZIP				- Lance		
TOTALE				☐ DELEJE	6 1				l	Unange	L Addition		
NAME					6 2 N								
STREET ADDI							ADDRESS						
CHTY-ST-ZIP		at the information correlation	d swith this	filing je voluntarily fu		IIY-S		or the exemption stated in Section 119	07/31/b) E0	orida Stati	tes I further		
14. Ido !	nereby certify th	at the information supplied	a With this	tiling is voluntarily für	rysned and	uoe	s not quality for	or the exemption stated in Section 119	.ur(a)(K), FK	JIICA SIBII.	if mode under		

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Bl SIGNATURE:

4-22-96 941-793-2500