SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 29 AM 8:31

DOCUMENT # **P30913** **(8)**

1. Corporation Name

GATOR FORD TRUCK SALES, INC.

Principal Place of Business	Mailing Address
P O BOX 16379 TAMPA FL 33687	P O BOX 16379 TAMPA FL 33687

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/11/1990**
3a. Date of Last Report: **04/07/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):

4. FEI Number: **59-3026161** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23):
City & State (28):

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24):
Country (25):
Zip (29):
Country (30):

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM **1200 S. PINE ISLAND ROAD** **PLANTATION FL 33324**	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CV	11 TITLE	☐ Change ☐ Addition	
NAME	GROSS, T.J.	12 NAME		
STREET ADDRESS	16800 EXECUTIVE PLAZA DR.	13 STREET ADDRESS	16800 Executive Plaza Dr.	
CITY-ST-ZIP	DEARBORN MI	14 CITY-ST-ZIP	Dearborn, MI 48121-4026	
TITLE	VE	21 TITLE	☐ Change ☐ Addition	
NAME	RUTHERFORD, R.L.	22 NAME		
STREET ADDRESS	16800 EXECUTIVE PLAZA DR.	23 STREET ADDRESS	16800 Executive Plaza Dr.	
CITY-ST-ZIP	DEARBORN MI	24 CITY-ST-ZIP	Dearborn, MI 48121-4026	
TITLE	VD	31 TITLE	☐ Change ☐ Addition	
NAME	MATTINGLY, R. C.	32 NAME		
STREET ADDRESS	16800 EXECUTIVE PLAZA DR.	33 STREET ADDRESS	16800 Executive Plaza Dr.	
CITY-ST-ZIP	DEARBORN MI	34 CITY-ST-ZIP	Dearborn, MI 48121-4026	
TITLE	P	41 TITLE	☐ Change ☐ Addition	
NAME	KILCOYNE, D. F.	42 NAME		
STREET ADDRESS	7528 HWY 301, N.	43 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP		
TITLE		51 TITLE	☐ Change ☐ Addition	
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(i), 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: N. Richard Curry S/T 6-26-95 813-980-3673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100003 FP