FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 16 AM 11:25

DOCUMENT # **P92000002390 (2)**

1. Corporation Name
MADISON MOTORS, INC.

Principal Place of Business	Mailing Address
501 E. BASE STREET MADISON FL 32340	501 E. BASE STREET MADISON FL 32340

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/05/1992
3a. Date of Last Report: 07/20/1994

2. Principal Place of Business
21 300 E Base St.
22 Suite, Apt. #, etc
23 City & State: Madison FL
24 Zip: 32340
25 Country: Madison

2a. Mailing Address
26 P.O. Box 457
27 Suite, Apt. #, etc
28 City & State: Madison FL
29 Zip: 32341
30 Country: Madison

4. FEI Number: 59-3149074 ☐ 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

9. Name and Address of Current Registered Agent

RIERA, PELAYO A
1264 N PAUL RUSSELL RD
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 300 E. Base St.
83
84 City: Madison FL 85 Zip Code: 32340

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 (Typed or printed name of registered agent and, if applicable, the signature of the registered agent) (NOTE: Registered Agent's signature required where mandated by law) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	11 TITLE	☐ Change ☐ Addition
NAME	RIERA, PELAYO A	12 NAME	
STREET ADDRESS	501 E. BASE STREETL RD	13 STREET ADDRESS	300 E Base St.
CITY ST ZIP	MADISON FL 32340	14 CITY ST ZIP	Madison, FL 32340
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	MORRIS, NANCY	22 NAME	
STREET ADDRESS	3940 WW KELLY RD	23 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL 32311	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		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	

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 above, or on an attachment with an address.

SIGNATURE: Pelayo A. Riera — PELAYO A. RIERA — 6/20/95 — 904 973-2331
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0020431 CP