

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000003027 (8)

1. Corporation Name:

NORRIS AUTOMOTIVE, INC.

APPROVED
AND
FILED

95 MAY -1 AM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business:

**925-A HARBOR LAKE DRIVE
CLEARWATER FL 34695**

Mailing Address:

**925-A HARBOR LAKE DRIVE
CLEARWATER FL 34695**

3. Date Incorporated or Qualified: **01/01/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business:

21

2a. Mailing Address:

26

4. FEI Number:
59-3159554

Applied For
Not Applicable

State Apt. # etc.

22

State 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**

Lat

24

Longitude

25

Lat

29

Longitude

30

8. This corporation has liability ☒ **Waivable** under S. 193.032
Florida Statutes. ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLA, NICK P
2451 MCMULLEN BOOTH ROAD
SUITE 200
CLEARWATER FL 34619**

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 607.01(2) and 607.15(8), 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 Sections 607.01(2) Florida Statutes.

SIGNATURE

NICK P COLA, CPA

Signature of Registered Agent or Registered Agent in Charge

Signature of Registered Agent or Registered Agent in Charge

(607)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (12)

1. NAME

**D
NORRIS, MICHAEL J
1123 PELICAN PLACE
SAFETY HARBOR FL 34695**

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. NAME

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. NAME

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. NAME

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. NAME

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. NAME

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. NAME

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. NAME

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. NAME

6. NAME

7. STREET ADDRESS

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23. STREET ADDRESS

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25. NAME

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. NAME

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in s. 193.032, Florida Statutes. I further certify that this information is included on the annual report or supplemental annual report as laws and as required and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the manager or business person named in this report as required by Chapter 607, Florida Statutes, and that my signature appears on Block 12 or Block 13 of a change in officers or directors and on an affidavit.

SIGNATURE:

Michael J Norris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-31-95 813-796-2800