FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000017914 (1)

BRANDON MOTOR COMPANY

JACKSONVILLE FL

LONG, WILLIAM A.

TAMPA FL

11024 N FLORIDA AVE

CITY-ST-ZIF

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Principal Place of Business Mailing Address												
701 FISK STREET 701 FISK STREET												
SUITE 310 SUITE 310												
JAOKSONVILLE FL 32204			JACKSONVILLE FL 32204					DO NOT WRITE IN THIS SPACE				
]								3.	Date Incorporated or Qualified			
									03/09/1993			
	ncipal Place of Bu	usiness	28.	. Mailing Address				4.	FEI Number		A	Applied For
21			26						59-3172669		N	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					Certificate of Status Desired		\$8.75	Additional	
22			27				5.	Certificate of Status Desired		Fee F	Required	
City & State			City & State				6.	Election Campaign Financing	_	\$5.00	May Be	
23			28					Trust Fund Contribution	U	Added	to Fees	
Zip)	Country	\vdash	Zip Cou				8. This corporation owes or has paid the current year Intangible				
24	- 81	25	29		30	1		 	Personal Property Tax due Jun			∐ No
 		me and Address of Current				81	Name		Name and Address of New R	egistered	Agent	
LAWRENCE M. MATHENY JR & PAMELA L. WIKER						"	Manie					
701 FISK STREET					82 Street Addre			Address (P.	O. Box Number is Not Accepta	ıble)		
2ND FLOOR											···	
JACKSONVILLE FL 32204						83						
						84	City				85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab								1	- 1 1 1- 1 1 - 1 - 1 - 1 - 1 -	FL	-	
l of	fice or registered	agent, or both, in the State of	Florid	da. Such change was	the con	poration's be	o submits this statement for the pard of directors. I hereby acce	purpose of the ap	or changing i pointment as	its registered s registered		
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												
SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE												
12.		OFFICERS AND I			13.		in digital dice		DDITIONS/CHANGES TO OFFI		ID DIBECTO	RS IN 12
TITLE	CD			☐ DELETE		IITLE			DOTTION OF TANALES TO GITT	OLITO AIT	Change	
NAME	MCR/	JE, WALTER A JR			1.2 1	NAME						-
STREET	ADDRESS 1725	Memorial Park Dr			1.3 3	STREET	ADDRESS					
CITY-ST	.zip JACK	SONVILLE FL			1.4 (CHTY-SI	r-zip					
TITLE	VD			DELETE		TITLE		T/D			Change	Addition
NAME		T, JACK L			2.21	SMAY		Hather	14 Lawrence H.J.	r.		
STREET A		MEMORIAL PARK DR			2.3 5	STREET.	ADDRESS	401 Fi	sk St. , Suite 200			
CITY-ST		SONVILLE FL			2. 4	CITY-S	T-ZIP	Jacks	onville IFL 3221	04		
TITLE	PD			DELETE	3.1 1	TITLE					☐ Change	Addition
NAME		AM, HENRY H JR			3.21	NAME						
STREET A		MEMORIAL PARK DR			3.3 9	STREET	ADDRESS					
CITY-ST	211	SONVILLE FL			3.4.	CITY-S	T - ZIP					
TITLE	SD			DELETE	4.1]	ITLE		S			Change	Addition
NAME		OG, GERALD W			4.2	NAME		Kane,	William H. isk 8ti, Suite 20 0			
STREET A		ISK ST			4.3 9	STREET	ADDRESS					
CITY-ST		SONVILLE FL			4.4 (DITY-S1	- ZIP	Jackso	nuille, FL 32204			
TITLE	D			DELET e	5.1 1	TLE					Change	Addition
NAME		, ERNEST A JR			5.2	IAME		1				
STREET A	ODRESS 701 F	isk st			535	TREET	ADORESS	I				

14. I hereby certify that the information supplied with this filing 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.

5.4 CITY - \$1 - ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAM€

DELETE

CR2E034 (10/97)

☐ Change

Addition

FILED

Apr 10 1998 8:00am

Secretary of State