

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 3: 54

DOCUMENT # P93000038369 (3)

1. Corporation Name

CP-GMC MOTOR CORP.

Principal Place of Business

Mailing Address

7400 BAYMEADOWS WAY
SUITE 200
JACKSONVILLE FL 32256

7400 BAYMEADOWS WAY
SUITE 200
JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/27/1993

3a. Date of Last Report

04/21/1994

4. FBI Number

59-3185431

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COGGIN, LUTHER W
7400 BAYMEADOWS WAY
SUITE 200
JACKSONVILLE FL 32256

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPC
NAME COGGIN, LUTHER W
STREET ADDRESS 7400 BAYMEADOWS WAY, SUITE 200
CITY-ST-ZIP JACKSONVILLE FL 32256

1.1 TITLE ☐ Change ☐ Addition

TITLE DVS
NAME O'STEEN, HOWARD K
STREET ADDRESS 7400 BAYMEADOWS WAY, SUITE 200
CITY-ST-ZIP JACKSONVILLE FL 32256

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE DTS
NAME O'STEEN, HAROLD S
STREET ADDRESS 7400 BAYMEADOWS WAY, SUITE 200
CITY-ST-ZIP JACKSONVILLE FL 32256

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE S
NAME GALLAGHER, WILMA S
STREET ADDRESS % 7400 BAYMEADOWS WAY, SUITE 200
CITY-ST-ZIP JACKSONVILLE FL 32256

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE S
NAME NOBLE, NANCY D
STREET ADDRESS 7400 BAYMEADOWS WAY, STE 200
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 Section 110.07(3)(b), 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:

Signature and typed or printed name of officer or director

1-31-95

904-730-2464

Wilma S. Gallagher Secretary