

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 3:54

DOCUMENT # P93000038494 (9)

1. Corporation Name

CFP MOTOR CORP.

Principal Place of Business

7400 BAYMEADOWS WAY
SUITE 200
JACKSONVILLE FL 32256

Mailing Address

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 04/22/1994
4. FEI Number 59-3185432	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.	25. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	29. Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC	1.1 TITLE	☐ Change ☐ Addition
NAME	COGGIN, LUTHER W	1.2 NAME	
STREET ADDRESS	7400 BAYMEADOWS WAY, SUITE 200	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32256	1.4 CITY - ST - ZIP	
TITLE	DVS	2.1 TITLE	☐ Change ☐ Addition
NAME	O'STEEN, HOWARD K	2.2 NAME	
STREET ADDRESS	7400 BAYMEADOWS WAY, SUITE 200	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32256	2.4 CITY - ST - ZIP	
TITLE	DST	3.1 TITLE	☐ Change ☐ Addition
NAME	O'STEEN, HAROLD S	3.2 NAME	
STREET ADDRESS	7400 BAYMEADOWS WAY, SUITE 200	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32256	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	GALLAGHER, WILMA S	4.2 NAME	
STREET ADDRESS	% 7400 BAYMEADOWS WAY, SUITE 200	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32256	4.4 CITY - ST - ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	NOBLE, NANCY D	5.2 NAME	
STREET ADDRESS	7400 BAYMEADOWS WAY SUITE 200	5.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(3)(k), 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:

Wilma S. Gallagher Secretary 1-31-95 904-730-2466

SIGNATURE AND TYPE OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #

Wilma S. Gallagher Secretary