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95 MAY -1 PM 1:55

**CORPORATION
ANNUAL REPORT
1995**



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000042275 (6)

1. Corporation Name

ORANGE COUNTY MOTORS, INC.

Principal Place of Business
**3960 SILVER STAR ROAD
ORLANDO FL 32808**

Mailing Address
**3960 SILVER STAR ROAD
ORLANDO FL 32808**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/10/1993** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3185517** 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 is not liable for a judgment, fine or civil penalty under Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21. State, Apt. # etc. **26. Mailing Address**

22. City & State **27. City & State**

23. **28.**

24. **25.** **29.** **30.**

9. Name and Address of Current Registered Agent

**PHILLIPS, THOMAS F
3960 SILVER STAR ROAD
ORLANDO FL 32808**

10. Name and Address of New Registered Agent

81. Name **Sandra J. Phillips**
82. Street Address (P.O. Box Number is Not Acceptable) **3960 Silver Star Rd**
83. **84. City, Orlando FL 85. Zip Code 32808**

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE **Sandra J. Phillips**

Signature of Agent or Registered Agent (If Agent is not a resident of the State of Florida)

Signature of Registered Agent (If Agent is not a resident of the State of Florida)

12. OFFICERS AND DIRECTORS

12a. TITLE	P
12b. NAME	PHILLIPS, THOMAS F.
12c. STREET ADDRESS	28118 TAMMI DRIVE
12d. CITY, ST, ZIP	TAVARES FL
12e. TITLE	VP
12f. NAME	PHILLIPS, SANDRA J.
12g. STREET ADDRESS	28118 TAMMI DRIVE
12h. CITY, ST, ZIP	TAVARES FL
12i. TITLE	ST
12j. NAME	PHILLIPS, SNADRA J.
12k. STREET ADDRESS	28118 TAMMI DRIVE
12l. CITY, ST, ZIP	TAVARES FL
12m. TITLE	VP
12n. NAME	PHILLIPS, MYRON V.
12o. STREET ADDRESS	11815 HOWRY CROSS ROAD
12p. CITY, ST, ZIP	CLERMONT FL 34711
12q. TITLE	
12r. NAME	
12s. STREET ADDRESS	
12t. CITY, ST, ZIP	
12u. TITLE	
12v. NAME	
12w. STREET ADDRESS	
12x. CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13a. TITLE	☐ Change ☐ Addition
13b. NAME	
13c. STREET ADDRESS	
13d. CITY, ST, ZIP	
13e. TITLE	☒ Change ☐ Addition
13f. NAME	P S T
13g. STREET ADDRESS	Phillips, Sandra J.
13h. CITY, ST, ZIP	28118 Tammi Dr.
13i. TITLE	TAVARES FL 32778
13j. NAME	
13k. STREET ADDRESS	
13l. CITY, ST, ZIP	
13m. TITLE	☐ Change ☐ Addition
13n. NAME	
13o. STREET ADDRESS	
13p. CITY, ST, ZIP	
13q. TITLE	☐ Change ☐ Addition
13r. NAME	
13s. STREET ADDRESS	
13t. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 191.02(1)(b), Florida Statutes. Further, I certify that the information is indicated on the corporation's annual report or supplemental annual report as 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 1, or Block 1a, of this filing, or on an affidavit filed with an affidavit.

SIGNATURE:

Sandra J. Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Sandra J. Phillips 3/9/95 407-298-6213