

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT

1. Corporation Name: **PRESTIGE MOTORCAR COMPANY OF FLA**
Doc# **P93000044202**

Principal Place of Business

Mailing Address

**3041 N.E JACKSONVILLE RD.
UNIT 10
OCALA, FL.
34479**

**P.O. Box 3803
OCALA, FL
34478**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
6/22/93

3a. Date of Last Report
1994

4. FEI Number

58-1617571

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**

6. This corporation has liability for franchise fee under § 139.002
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

P.O. Box 3803

Suite, Apt # etc

Suite, Apt # etc

22

City & State

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City & State

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OCALA, FL

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34478

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USA

9. Name and Address of Current Registered Agent

**L. M. MILBATH
1301 N.E. 14TH ST.
OCALA, FL
34470**

10. Name and Address of New Registered Agent

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 607.0902 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 607.0905, Florida Statutes.

SIGNATURE

Signature of Agent (Current and New) must appear on this block.

Signature of Registered Agent (Current and New) must appear on this block.

Signature of Secretary

12. OFFICERS AND DIRECTORS

12.1

NAME

DP

**FISHER, J.N.
P.O. Box 3803
OCALA, FL 34478**

STREET ADDRESS

CITY, ST, ZIP

12.2

NAME

DS

**MILBATH, L.M.
1301 N.E. 14TH ST.
OCALA, FL 34470**

STREET ADDRESS

CITY, ST, ZIP

12.3

NAME

STREET ADDRESS

CITY, ST, ZIP

12.4

NAME

STREET ADDRESS

CITY, ST, ZIP

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NAME

STREET ADDRESS

CITY, ST, ZIP

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NAME

STREET ADDRESS

CITY, ST, ZIP

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STREET ADDRESS

CITY, ST, ZIP

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STREET ADDRESS

CITY, ST, ZIP

12.9

NAME

STREET ADDRESS

CITY, ST, ZIP

12.10

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

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