

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000052660 (6)

1. Corporation Name

FLORIDA AUTOMOTIVE & DEALER SUPPLY, INC.



Principal Place of Business

6840 STUART AVE
JACKSONVILLE FL 32205

Mailing Address

6840 STUART AVE
JACKSONVILLE FL 32205

3. Date Incorporated or Qualified
07/28/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

26 P.O. Box 61231

27 Suite, Apt. #, etc.

28 City & State

JACKSONVILLE, FL

29 Zip

32236-1231

30 Country

PUYAL

4. FEI Number
59-3193101

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, RICHARD A
6840 STUART AVE
JACKSONVILLE FL 32254

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

RICHARD A. SMITH

Richard A. Smith

4/29/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE D ☐ DELETE
NAME GODBEE, ROGER
STREET ADDRESS 6840 STUART AVE
CITY - ST - ZIP JACKSONVILLE FL 32205

TITLE PD ☐ DELETE
NAME SMITH, RICHARD A
STREET ADDRESS 6840 STUART AVE
CITY - ST - ZIP JACKSONVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 119.07(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 my address.

SIGNATURE:

Richard A. Smith

RICHARD A SMITH

4/29/96

904-783-1754

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)