

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 17 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000060278 (7)**

1. Corporation Name

DISCOUNT CARS OF DEFUNIAK, INC.

Principal Place of Business

Mailing Address

**RT 7 BOX 855-A
DEFUNIAK SPRINGS FL 32433**

**P O BOX 449
DEFUNIAK SPRINGS FL 32433**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1993

3a. Date of Last Report

09/29/1994

4. FEI Number

59-3201695

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 **1466 West Nelson Ave**

26 **P.O. Box 468**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **DeFuniak Springs, FL**

28 **DeFuniak Springs, FL**

Zip

Country

Zip

Country

24 **32433**

25 **Walton**

29 **32433**

30 **Walton**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**IRVINE, JOHN P
RT 7 BOX 855-A
DEFUNIAK SPRINGS FL 32433**

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

John P. Irvine

John P. Irvine

4-11-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	IRVINE, JOHN P
STREET ADDRESS	RT 7 BOX 855-A
CITY, ST, ZIP	DEFUNIAK SPRINGS FL 32433
TITLE	D
NAME	THOMAS, RODNEY L
STREET ADDRESS	5172 FLINT CHIP WAY
CITY, ST, ZIP	MARIANNA FL 32446
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemented 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:

John P. Irvine

4-11-95

892-6167

SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR

Date

Telephone Number