

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000084468 (6)

1. Corporation Name

KISSIMMEE AUTOMOTIVE, INC.

Principal Place of Business

**2652 B. MICHIGAN AVENUE
KISSIMMEE FL 34744**

Mailing Address

**2652 B. MICHIGAN AVENUE
KISSIMMEE FL 34744**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3224606

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. 193.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**HAYES, ROBERT S
441 W. VINE STREET
KISSIMMEE FL 34741**

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 607.0502 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 of Registered Agent or Registered Agent and Secretary

Signature of Registered Agent or Registered Agent and Secretary

DATE

12. OFFICERS AND DIRECTORS

**TITLE PSD
NAME RADER, J A
STREET ADDRESS 2652 B. MICHIGAN AVENUE
CITY, ST, ZIP KISSIMMEE FL 34744**

**TITLE VTD
NAME RADER, SHERILYNNE P
STREET ADDRESS 2652 B. MICHIGAN AVENUE
CITY, ST, ZIP KISSIMMEE FL 34744**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

14. I hereby certify that the information provided with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193.03(3)(b), Florida Statutes. I further certify that the information included on the 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 manager or trustee empowered to execute this report as required by Chapter 147, Florida Statutes, and that my name appears on Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Sherilynne P. Rader **Sherilynne P Rader, VP-Ofc Mgr. 4/22/95**
Signature of Officer or Director

907 846-6001

0378142 CP