

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # P94000022432 (6)

1. Corporation Name

J. D. GOSS AUTO HOUSE INC.

Principal Place of Business Mailing Address

1252 CAMELOT COURT 1252 CAMELOT COURT
PALM HARBOR FL 34684 PALM HARBOR FL 34684

2. Principal Place of Business 2a. Mailing Address

21 13603 W. Hillborough Ave 26 15648 EASTBOURN DRIVE
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State

23 Tampa FL 28 ODESSA FL

24 Zip 25 Country 29 Zip 30 Country

33635 Hillborough 33556 Hillborough

3. Date Incorporated or Qualified 3a. Date of Last Report

03/21/1994

4. FEI Number Applied For

59-3233617 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

ZAWATCKI, DONNA J
1252 CAMELOT COURT
PALM HARBOR FL 34684

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, typed or printed name of registered agent, and date if applicable) (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES + TRGAS	1. TITLE	☐ Change ☐ Addition
NAME	John D. Goss	2. NAME	
STREET ADDRESS	1252 CAMELOT CT	3. STREET ADDRESS	
CITY, ST, ZIP	PALM HARBOR FL 34684	4. CITY, ST, ZIP	
TITLE	V. PRES & SEC	21. TITLE	☐ Change ☐ Addition
NAME	DONNA J. ZAWATCKI	22. NAME	
STREET ADDRESS	1252 CAMELOT CT	23. STREET ADDRESS	
CITY, ST, ZIP	PALM HARBOR FL 34684	24. CITY, ST, ZIP	
TITLE		31. TITLE	☐ Change ☐ Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	☐ Change ☐ Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. 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 110.07(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 this 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: Donna J. Zawatcki 2-15-95 813-787-6513

SIGNATURE AND TYPED OR PRINTED NAME OF DOMING OFFICER OR DIRECTOR (Date) (Signature Please)

REMITTED BY JULY 1

7/20