

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 # P94000022432 (6)

1. Corporation Name

J. D. GOSS AUTO HOUSE INC.



Principal Place of Business

13603 W HILLSBOROUGH AVE  
TAMPA FL 33635

Mailing Address

15648 EASTBOURN DRIVE  
ODESSA FL 33556

3. Date Incorporated or Qualified

03/21/1994

3a. Date of Last Report

06/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3233617

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

ZAWATCKI, DONNA J  
1252 CAMELOT COURT  
PALM HARBOR FL 34684

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

15648 EASTBOURN DRIVE

83

84 City ODESSA

FL 85 Zip Code 33556

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 in the legal state

NOTE: Registered Agent Signature required when dissolving

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT  
NAME GOSS, JOHN D.  
STREET ADDRESS 1252 CAMELOT CT  
CITY-ST-ZIP PALM HARBOR FL 34684

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 15648 EASTBOURN DR  
1.4 CITY-ST-ZIP ODESSA FL 33556

☒ Change ☐ Addition

TITLE VPS  
NAME ZAWATCKI, DONNA J.  
STREET ADDRESS 1252 CAMELOT CT  
CITY-ST-ZIP PALM HARBOR FL 34684

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 15648 EASTBOURN DR  
2.4 CITY-ST-ZIP ODESSA FL 33556

☒ Change ☐ Addition

TITLE  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 an address.

SIGNATURE:

Donna J. Zawacki DONNA J. ZAWATCKI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

813-855-8818

Typed or Printed Name

813-920-9465

CR2E034 (12/95)