

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 4:24

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000032336 (7)

1. Corporation Name

NORTH FLORIDA AUTO BROKERS, INC.

Principal Place of Business

**8302 STAGHORN ROAD
JACKSONVILLE FL 32244**

Mailing Address

**8302 STAGHORN ROAD
JACKSONVILLE FL 32244**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1994

3a. Date of Last Report

2. Principal Place of Business

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Suite, Apt. #, etc.

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City & State

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Zip

Country

2a. Mailing Address

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Suite, Apt. #, etc.

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City & State

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Zip

Country

4. FEI Number

59-3244488

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$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

**HENDRICK, PAUL F II
8302 STAGHORN ROAD
JACKSONVILLE FL 32244**

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 title if applicable

(NOTE: Registered Agent signature required when completing)

DATE

12. OFFICERS AND DIRECTORS

12.1

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

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CITY ST ZIP

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STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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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 and changed, or is on an attachment with an address.

SIGNATURE:

John W Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-95

DATE

904-779-2600

TELEPHONE NUMBER