

FILE NOW: FILING FEE AFTER MAY 1 IS \$5.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000033841 (5)

1. Corporation Name

PREFERRED MOTORCARS, INC.



Principal Place of Business

Mailing Address

112 S. KINGS AVE.
BRANDON FL 33511

112 S. KINGS AVE.
BRANDON FL 33511

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Entry

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

05/04/1994

09/25/1995

4. FEI Number

Applied For

59-3240674

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

WILKES, THOMAS L
1305 IVYWOOD DR
BRANDON FL 33510

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 607.0532 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D/S
DUNHAM, EDWARD L
STREET ADDRESS 628 ARBOR LAKE LN
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ DELETE

NAME D/P
WILKES, THOMAS L
STREET ADDRESS 1305 IVYWOOD DR.
CITY-ST-ZIP BRANDON FL 33510

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 FILE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 FILE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 FILE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 FILE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 FILE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 FILE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:

Thomas L. Wilkes

Wilkes, Thomas L., V. Pres

4-30-96

813 661 4464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)