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05 MAY -1 AM 9:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000034368 (8)

1. Corporation Name:

FOXCARS, INC.

Principal Place of Business:

**290 N ISLA DR
ST PETERSBURG FL**

Mailing Address:

**290 N ISLA DR
ST PETERSBURG FL**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/07/1994

3a. Date of Last Report

N/A

4. FEI Number
59-3243806

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 § 119.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **6268 E PALMA DEL MAR BLVD**

26 **6268 E PALMA DEL MAR BLVD**

Suite, Apt., etc.

Suite, Apt., etc.

22 **APT # 303**

27 **APT # 303**

City & State

City & State

23 **ST. PETERSBURG FL**

28 **ST. PETERSBURG FL**

24 **33706**

Country

29 **33706**

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLARK, BLAIR W
300 31ST ST N
SUITE 101
ST PETERSBURG FL 33713**

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 607.1504, 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 the Corporation)

(Signature of Registered Agent or Registered Agent and the Corporation)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME D SCHEUERER, ROBERT L 290 N ISLA DR ST PETERSBURG FL 33706	12.2 NAME	12.3 NAME	12.4 NAME	12.5 NAME	12.6 NAME	12.7 NAME	12.8 NAME	12.9 NAME	12.10 NAME
12.11 STREET ADDRESS	12.12 STREET ADDRESS	12.13 STREET ADDRESS	12.14 STREET ADDRESS	12.15 STREET ADDRESS	12.16 STREET ADDRESS	12.17 STREET ADDRESS	12.18 STREET ADDRESS	12.19 STREET ADDRESS	12.20 STREET ADDRESS
12.21 CITY, ST, ZIP	12.22 CITY, ST, ZIP	12.23 CITY, ST, ZIP	12.24 CITY, ST, ZIP	12.25 CITY, ST, ZIP	12.26 CITY, ST, ZIP	12.27 CITY, ST, ZIP	12.28 CITY, ST, ZIP	12.29 CITY, ST, ZIP	12.30 CITY, ST, ZIP

13.1 NAME D SCHEUERER, ROBERT L 6268 E PALMA DEL MAR BLVD-APT #303 ST. PETERSBURG FL 33706	13.2 NAME	13.3 NAME	13.4 NAME	13.5 NAME	13.6 NAME	13.7 NAME	13.8 NAME	13.9 NAME	13.10 NAME
13.11 STREET ADDRESS	13.12 STREET ADDRESS	13.13 STREET ADDRESS	13.14 STREET ADDRESS	13.15 STREET ADDRESS	13.16 STREET ADDRESS	13.17 STREET ADDRESS	13.18 STREET ADDRESS	13.19 STREET ADDRESS	13.20 STREET ADDRESS
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.032(3)(b), 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 on Block 12 or Block 13. If changed or on an attachment with an address.

SIGNATURE: Robert L Scheuerer, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 1995
Date

865-0036
Telephone #