

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

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| PROFIT CORPORATION ANNUAL REPORT 1996 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P95000001883 (4)

1. Corporation Name
TALLAHASSEE USED CARS, INC.



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| Principal Place of Business 350 S LAKE DESTINY DRIVE SUITE 200 ORLANDO FL 32810 | Mailing Address 350 S LAKE DESTINY DRIVE SUITE 200 ORLANDO FL 32810 |
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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 3. Date Incorporated or Qualified 01/09/1995 | 3a. Date of Last Report |
| 4. FEI Number 59-3293395 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

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| 9. Name and Address of Current Registered Agent HUMPHRIES, J. GREGORY 201 EAST PINE STREET SUITE 701 ORLANDO FL 32801 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code |
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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 firm if applicable. (NONE) If none, no Agent's signature required when registering. DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | NAME | 1.1 TITLE | 1.2 NAME |
| | <input type="checkbox"/> DELETE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | MEALEY, DONALD C | 1.3 STREET ADDRESS | |
| CITY- ST- ZIP | 350 S LAKE DESTINY DRIVE SUITE 200 ORLANDO FL 32810 | 1.4 CITY- ST- ZIP | |
| TITLE | NAME | 2.1 TITLE | NAME |
| | <input type="checkbox"/> DELETE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | SERRA, ALBERT M | 2.3 STREET ADDRESS | |
| CITY- ST- ZIP | 3118 EAST HILL ROAD GRAND BLANC MI 48439 | 2.4 CITY- ST- ZIP | |
| TITLE | NAME | 3.1 TITLE | NAME |
| | <input type="checkbox"/> DELETE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | HIGGINBOTHAM, RICHARD L | 3.3 STREET ADDRESS | |
| CITY- ST- ZIP | 243 NORTH MAGNOLIA DR TALLAHASSEE FL 32303 | 3.4 CITY- ST- ZIP | |
| TITLE | NAME | 4.1 TITLE | NAME |
| | <input type="checkbox"/> DELETE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | | 4.2 NAME | PERCOK, W. WMURRA |
| CITY- ST- ZIP | | 4.3 STREET ADDRESS | 350 S LAKE DESTINY DR |
| | | 4.4 CITY- ST- ZIP | ORLANDO FL 32810 |
| TITLE | NAME | 5.1 TITLE | NAME |
| | <input type="checkbox"/> DELETE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | | 5.2 NAME | JOHN HUMPHRIES |
| CITY- ST- ZIP | | 5.3 STREET ADDRESS | 243 N MAGNOLIA DR |
| | | 5.4 CITY- ST- ZIP | TALLAHASSEE FL 32301 |
| TITLE | NAME | 6.1 TITLE | NAME |
| | <input type="checkbox"/> DELETE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 6.2 NAME | |
| CITY- ST- ZIP | | 6.3 STREET ADDRESS | |
| | | 6.4 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 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: R. L. HIGGINBOTHAM, Pres. **R. L. HIGGINBOTHAM**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)