

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 # P95000007791 (3)

1. Corporation Name

EXCALIBUR AUTO EXCHANGE, INC.



Principal Place of Business

Mailing Address

222 GOVERNMENT STREET SUITE C
NICEVILLE FL 32578

222 GOVERNMENT STREET SUITE C
NICEVILLE FL 32578

3. Date Incorporated or Qualified

01/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 400 W. JOHN SIMS PARKWAY
Suite, Apt. #, etc.

25 400 W. JOHN SIMS PARKWAY
Suite, Apt. #, etc.

4. FEI Number

62-1589283

Applied For

Not Applicable

22

City & State

23 NICEVILLE, FLORIDA

Zip Country

24 32578 25 OKALOOSA

27

City & State

28 NICEVILLE, FLORIDA

Zip Country

29 32578 30 OKALOOSA

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

BELL, DANIEL E JR
222 GOVERNMENT STREET SUITE C
NICEVILLE FL 32578

81 Name

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

400 W. JOHN SIMS PARKWAY

83

84 City

NICEVILLE

FL

85 Zip Code

32578

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 fee, if applicable.

NOTE: Registered Agent signature required when re-registering.

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BELL, DANIEL E JR
STREET ADDRESS 222 GOVERNMENT STREET SUITE C
CITY-ST-ZIP NICEVILLE FL 32578

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

Date

904-678-3553

Daytime Phone #

CR2E034 (12/95)