

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 # P95000025721 (8)

1. Corporation Name

DOCTOR OF MOTORS, INC.



Principal Place of Business

Mailing Address

84 GENEVA DRIVE
OVIEDO FL 32765

84 GENEVA DRIVE
OVIEDO FL 32765

3. Date Incorporated or Qualified
03/28/1995

3a. Date of Last Report

4. FEI Number

59-3305876

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 s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

VERNON, ALTON W JR.
645 N. DIVISION STREET
OVIEDO FL 32765

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 607.0532 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]

(NOTE: Registered Agent's signature required when changing)

DATE

x 4-14-96

12. OFFICERS AND DIRECTORS

TITLE D
NAME VERNON, ALTON W JR.
STREET ADDRESS 645 DIVISION STREET
CITY- ST- ZIP OVIEDO FL 32765 ☐ DELETE

TITLE D
NAME VERNON, ELIZABETH R
STREET ADDRESS 645 DIVISION STREET
CITY- ST- ZIP OVIEDO FL 32765 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

13.

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

15

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

25

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

35

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

45

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

55

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

65

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-96

Date

407-365-3521

Daytime Phone #

CR2E034 (12/95)