

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 04 1997 8:00 am
Secretary of State

DOCUMENT # P95000029995 (4)

1. Corporation Name
BARNETT DEALER FINANCIAL SERVICES, INC.



Principal Place of Business

9000 SOUTHSIDE BLVD
BLDG 200
JACKSONVILLE FL 32256

Mailing Address

9000 SOUTHSIDE BLVD
BLDG 200
JACKSONVILLE FL 32256-0785

2. Principal Place of Business

21 10401 Deerwood Park Blvd.
Suite, Apt. #, etc.

22 Bldg. #2 - 4th Flr.

City & State

23 Jacksonville, FL

Zip

24 32256

Country

25 Duval

2a. Mailing Address

26 10401 Deerwood Park Blvd.
Suite, Apt. #, etc.

27 Bldg. #2 - 4th Flr.

City & State

28 Jacksonville, FL.

Zip

29 32256

Country

30 Duval

3. Date Incorporated or Qualified

04/14/1995

3a. Date of Last Report

03/26/1996

4. FEI Number

59-3308481

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

9. Name and Address of Current Registered Agent

LAMORE, STEVEN A
9000 SOUTHSIDE BLVD
BLDG 200
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name

Lamore, Steven A.

82

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

10401 Deerwood Park Blvd.

83

Bldg. 2 - 4th Flr.

84

City

Jacksonville,

FL

85 Zip Code

32256

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME LAMORE, STEVEN A
STREET ADDRESS 9000 SOUTHSIDE BLVD #200
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE D ☒ DELETE

NAME CHAPLIN, LEE H JR.
STREET ADDRESS 9000 SOUTHSIDE BLVD #200
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE D ☐ DELETE

NAME BARNETT, ROBERT L
STREET ADDRESS 9000 SOUTHSIDE BLVD #200
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE D ☐ DELETE

NAME CRISWELL, JOHN R
STREET ADDRESS 2901 NW 62 ST
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE D ☒ DELETE

NAME FONT, JORGE M
STREET ADDRESS 707 MENDHAM BLVD
CITY-ST-ZIP ORLANDO FL 32825

TITLE D ☐ DELETE

NAME ROACH, FRANKLYN A
STREET ADDRESS 4109 GANDY BLVD
CITY-ST-ZIP TAMPA FL 33611

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 Director ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Douglas K. Freeman
50 N. Laura Street - 41st Flr.
Jacksonville, FL 32202-3638

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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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:

Steven A. Lamore Steven A. Lamore

1/23/97

(904) 987-2608

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)