

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

FILED

Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000029995 (4)

1. Corporation Name
Barnett Dealer Financial Services, Inc.

Principal Place of Business 10401 Deerwood Park Blvd. MC: 457-00051 Jacksonville, FL 32256	Mailing Address P.O. Box 44030 Jacksonville, FL 32231-4030
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DO NOT WRITE IN THIS SPACE

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 April 14, 1995	4. FEI Number 59-0560515	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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No		

9. Name and Address of Current Registered Agent

**Steven A. LaMore
10401 Deerwood Park Blvd.
Jacksonville, FL 32256**

10. Name and Address of New Registered Agent

81 Name Patrick S. Doran c/o Cathy Bosco
82 Street Address (P.O. Box Number is Not Acceptable) 10401 Deerwood Park Blvd.
83 MC: 457-00051
84 City Jacksonville
85 Zip Code FL 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 am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person making change. Signature must be in ink.

Patrick S. Doran

(NOTE: Registered Agent's signature required when reinstating a corporation.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LAMORE, STEVEN A 9000 Southside Blvd #200 Jacksonville, FL 32256	☒ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPLIN, LEE H JR 9000 Southside Blvd #200 Jacksonville, FL 32256	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNETT, ROBERT L 9000 Southside Blvd #200 Jacksonville, FL 32256	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRISWELL, JOHN R 2901 NW 62 ST FT Lauderdale, FL 33309	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FONT, JORGE M 707 Mendham BLVD Orlando, FL 32825	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROACH, FRANKLYN A 4109 Gandy BLVD Tampa, FL 33611	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DORAN, PATRICK S. 10401 Deerwood Park Blvd Jacksonville, FL 32256	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Hyatt, John F 10401 Deerwood Park Blvd. Jacksonville, FL 32256	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Freeman, Douglas K 50 North Laura Street Jacksonville, FL 32202	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bowers, Thomas C 4161 Redmont Parkway Greensboro, NC 27410	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sheppard, Juanita L 4161 Redmont Parkway Greensboro, NC 27410	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brothers, John W 10401 Deerwood Park Blvd Jacksonville, FL 32256	☐ Change ☒ Addition	

14. I 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 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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/98 904/907-2601

CR2E034 (10/97)