

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P95000034356 (2)

1. Corporation Name

OCALA CAR SALES, INC.



Principal Place of Business

Mailing Address

**4835 SOUTH PINE AVE.
OCALA FL 34470**

**4835 SOUTH PINE AVE.
OCALA FL 34470**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 PO Box 6599
Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

Country

28 Ocala, FL

24 Zip

Country

29 34470

30 Country

3. Date Incorporated or Qualified

05/03/1995

3a. Date of Last Report

4. FEI Number

59-3320738

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

**WILLIAMS, REUBEN S IV
125 NE FIRST AVE., SUITE 1
OCALA FL 34470**

10. Name and Address of New Registered Agent

81 Name **Williams Reuben S IV**
82 Street Address (P.O. Box Number is Not Acceptable)
464 E. Silver Springs Blvd
83 **Suite 101**
84 **Ocala**
85 **FL**
86 **34471**

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 in name of registered agent and title if applicable

(If title Registered Agent Signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

TITLE

D

NAME

**WILLIAMS, R.S. III
2060 SW COLLEGE ROAD
OCALA FL 34474**

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**Pres/D
Williams R.S. III
4835 S. Pine St
Ocala, FL 34470**
**VP/Sec/Treas/D
McMichael John F.
4835 S. Pine
Ocala, FL 34470**

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 617, 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

6-396 (352) 620-0909

CR2E034 (3/96)