

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000047293 (2)

1. Corporation Name

BUDGET CAR SALES OF PANAMA CITY INC.

Principal Place of Business

2409 E. 15TH ST.
PANAMA CITY FL 32405

Mailing Address

2409 E. 15TH ST.
PANAMA CITY FL 32405



2. Principal Place of Business

21 2409 EAST 15TH STREET

Subs. Apt. #, etc.

22

City & State

23 PANAMA CITY FL

Zip

24 32405

Country

25 USA

2a. Mailing Address

26 2409 EAST 15TH ST

Subs. Apt. #, etc.

27

City & State

28 PANAMA CITY FL

Zip

29 32405

Country

30 USA

9. Name and Address of Current Registered Agent

MCCONNELL, JAMES W
2128 MCCORMICK RD.
SOUTHPORT FL 32409

3. Date Incorporated or Qualified

06/14/1995

3a. Date of Last Report

6/14/95

4. FEI Number

59-3317500

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81

Name

82 TOMMIE S. MOORE

83

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

84 3120 MINNESOTA AVE

85

City

PANAMA CITY

FL

Zip Code

32405

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

Jimmie O. Moore

TOMMIE S. MOORE

4/11/96

12. OFFICERS AND DIRECTORS

TITLE

PRESIDENT

☒ DELETE

NAME

JAMES W. MCCONNELL

STREET ADDRESS

2128 MCCORMICK RD

CITY-STATE-ZIP

SOUTHPORT FL 32409

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1. TITLE

PRESIDENT

☒ Change ☐ Addition

2. NAME

TOMMIE S. MOORE

3. STREET ADDRESS

3120 MINNESOTA AVE

4. CITY-STATE-ZIP

LOT 114 PANAMA CITY FL 32405

5. TITLE

SEC 1 TREASURER

☐ Change ☒ Addition

6. NAME

RICHARD C. UBER

7. STREET ADDRESS

1006 NORTH 2ND STREET

8. CITY-STATE-ZIP

CHIPLEY FL 32428

9. TITLE

☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY-STATE-ZIP

37. TITLE

38. NAME

39. STREET ADDRESS

40. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.04(3)(a), 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 and the receiver or trustee provided for 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:

Jimmie O. Moore

TOMMIE S. MOORE

4/11/96 (604) 747-7001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)