

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

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Jan 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000047339 (3)

1. Corporation Name  
THE COGGIN USED CAR FACTORY INC.



Principal Place of Business  
7400 BAYMEADOWS WAY  
SUITE 200  
JACKSONVILLE FL 32256

Mailing Address  
7400 BAYMEADOWS WAY  
SUITE 200  
JACKSONVILLE FL 32256-6842

3. Date Incorporated or Qualified 06/16/1995	3a. Date of Last Report 02/01/1996
4. FEI Number 59-3325682	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 4306 Pablo Oaks Court Suite, Apt. #, etc. 22 City & State 23 Jacksonville FL Zip 24 32224	2a. Mailing Address 26 P O Box 16469 Suite, Apt. #, etc. 27 City & State 28 Jacksonville FL Zip 29 32224
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9. Name and Address of Current Registered Agent COGGIN, LUTHER 7400 BAYMEADOWS WAY SUITE 200 JACKSONVILLE FL 32256	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 4306 Pablo Oaks Court 83 84 City Jacksonville FL 85 Zip Code 32224
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POC COGGIN, LUTHER W 7400 BAYMEADOWS WAY, SUITE 200 JACKSONVILLE FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4306 Pablo Oaks Court Jacksonville FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NOBLE, NANCY D 7400 BAYMEADOWS WAY, SUITE 200 JACKSONVILLE FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4306 Pablo Oaks Court Jacksonville FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GALLAGHER, WILMA S 7400 BAYMEADOWS WAY, SUITE 200 JACKSONVILLE FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4306 Pablo Oaks Court Jacksonville FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOMM, CHARLIE (C.B.) 7400 BAYMEADOWS WAY, SUITE 200 JACKSONVILLE FL 32256 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4306 Pablo Oaks Court Jacksonville FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TS Markette, Linda L. 4306 Pablo Oaks Court Jacksonville FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 an address.

SIGNATURE: Wilma S. Gallagher Sec 1-17-97 904.992.4110  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)