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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000052331 (2)**

1. Corporation Name

BARNETT DEALER FINANCIAL SERVICES CORPORATION - ALABAMA

Principal Place of Business	Mailing Address
9000 SOUTHSIDE BOULEVARD BLDG 200 JACKSONVILLE FL 32256	9000 SOUTHSIDE BOULEVARD BLDG 200 JACKSONVILLE FL 32256

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | Country 30

3. Date Incorporated or Qualified: **07/03/1995**

3a. Date of Last Report

4. FEI Number: 59-3327473 — 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 BOULEVARD
BLDG 200
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 of New Registered Agent, if changing) (Signature of Former Registered Agent, if changing) 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 BOULEVARD JACKSONVILLE FL 32256 ☐ DELETE	1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHAPLIN, LEE H JR 9000 SOUTHSIDE BOULEVARD JACKSONVILLE FL 32256 ☐ DELETE	7 TITLE / 8 NAME / 9 STREET ADDRESS / 10 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BARNETT, ROBERT L 9000 SOUTHSIDE BOULEVARD JACKSONVILLE FL 32256 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STAUFENBERGER, DAVID P 9000 SOUTHSIDE BOULEVARD JACKSONVILLE FL 32256 ☒ DELETE	15 TITLE D 16 NAME Molly A. Smith 17 STREET ADDRESS 9000 SOUTHSIDE BOULEVARD BLD. 100 18 CITY-ST-ZIP JACKSONVILLE, FL 32256 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD POOLE, MARK E 9000 SOUTHSIDE BOULEVARD JACKSONVILLE FL 32256 ☐ DELETE	19 TITLE / 20 NAME / 21 STREET ADDRESS / 22 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	23 TITLE / 24 NAME / 25 STREET ADDRESS / 26 CITY-ST-ZIP ☐ Change ☐ Addition

FLORIDA DEPT OF STATE
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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)(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: Steven A Lamore 2-9-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #