

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 # P95000052331 (2)

1. Corporation Name

**Barnett Dealer Financial Services Corporation -
Alabama**

Principal Place of Business

10401 Deerwood Park Blvd.

MC: 457-00051

Jacksonville, FL 32256

Mailing Address

P.O. Box 44030

Jacksonville, FL 32231-4030

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

July 3, 1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

Barnett, Robert L

9000 Southside 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**

FL

85 Zip Code **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 hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Patrick S. Doran

Patrick S. Doran

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **Marcianti, Dan**
STREET ADDRESS **10401 Deerwood Park Blvd**
CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE ☒ DELETE

NAME **Krachuk, Paul S**
STREET ADDRESS **9000 Southside Blvd**
CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE ☐ DELETE

NAME **Bosco, Catherine M**
STREET ADDRESS **10401 Deerwood Park Blvd**
CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE ☐ DELETE

NAME **Barnett, Robert L**
STREET ADDRESS **9000 Southside Blvd**
CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1.1 TITLE **D**
1.2 NAME **Messer, Richard A**
1.3 STREET ADDRESS **4109 Gandy Blvd**
1.4 CITY-ST-ZIP **Tampa, FL 33631**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **Roach, Franklyn A**
2.3 STREET ADDRESS **10401 Deerwood Park Blvd**
2.4 CITY-ST-ZIP **Jacksonville, FL 32256**

3.1 TITLE **VP** ☐ Change ☒ Addition

3.2 NAME **Lynch, John**
3.3 STREET ADDRESS **9000 Southside Blvd**
3.4 CITY-ST-ZIP **Jacksonville, FL 32256**

4.1 TITLE **CP** ☒ Change ☐ Addition

4.2 NAME **Barnett, Robert L**
4.3 STREET ADDRESS **10401 Deerwood Park Blvd**
4.4 CITY-ST-ZIP **Jacksonville, FL 32256**

5.1 TITLE **Kay, Robert B** ☐ Change ☒ Addition

5.2 NAME **270 South Service Road**
5.3 STREET ADDRESS **Melville, NY 11747**
5.4 CITY-ST-ZIP **AVP**

6.1 TITLE **VP** ☐ Change ☒ Addition

6.2 NAME **Smith, David R. JR**
6.3 STREET ADDRESS **50 N. Laura Street**
6.4 CITY-ST-ZIP **Jacksonville, FL 32202**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0503, Florida Statutes. I further certify that the information indicated on this annual report or supplementary financial 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:

Franklyn Roach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/98

DATE

901/987-2603

DAYPHONE (AREA #)

CR2E034 (10/97)