

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P95000087824 (5)

1. Corporation Name
MATLACHA MOTORS, INC.



Principal Place of Business
**4689 PINE ISLAND ROAD
MATLACHA FL 33909**

Mailing Address
**C/O JOSEPH E ROTH, CPA
11595 KELLY ROAD, #121
FORT MYERS FL 33908**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

**ROTH, JOSEPH E
11595 KELLY ROAD #121
FORT MYERS FL 33908**

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 602.0602 and 602.1500, 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, thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 602.0602, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	PETTYS, R S	
STREET ADDRESS	5171 WESTERN DR	
CITY, ST, ZIP	ST. JAMES CITY FL 33956	
TITLE	D	☐ DELETE
NAME	PETTYS, BERYL P	
STREET ADDRESS	5171 WESTERN DR	
CITY, ST, ZIP	ST. JAMES CITY FL 33956	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13.

1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change	☐ Addition
☐ Change	☐ Addition
☐ Change	☐ Addition
☐ Change	☐ Addition
☐ Change	☐ Addition
☐ Change	☐ Addition
☐ Change	☐ Addition
☐ Change	☐ Addition
☐ Change	☐ Addition
☐ Change	☐ Addition

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***200.00**

14. I do hereby certify that the information supplied with this report is true and correct, 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 stockholder designated to execute this report as required by Chapter 602, Florida Statutes, and that my name appears in Block 12 or Block 13 if Change, or or or after, with an address.

SIGNATURE: *Beryl P. Pettys*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-96 (941 275 3667)

CR2E034 (12/95)