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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 # P96000017875 (1)

1. Corporation Name
CA FUNDING INC.



Principal Place of Business

Mailing Address

7400 BAYMEADOWS ROAD
SUITE 200
JACKSONVILLE FL 32256

7400 BAYMEADOWS ROAD
SUITE 200
JACKSONVILLE FL 32256-6842

3. Date Incorporated or Qualified

02/27/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 4306 Pablo Oaks Ct

26 P O Box 16469

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Jacksonville FL

28 Jacksonville FL

Zip

Country

Zip

Country

24 FL

25 DUNAY

29 32245

30 DUNAY

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NOBLE, NANCY

GOGGINS AUTOMOTIVE GROUP

7400 BAYMEADOWS ROAD, SUITE 200

JACKSONVILLE FL 32256

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

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, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

VD

Nancy D. Noble

4306 Pablo Oaks Ct

Jacksonville FL 32224

VD

Charlie (C.B.) Tomm

4306 Pablo Oaks Ct

Jacksonville FL 32224

VT

Richard B. Gormly

4306 Pablo Oaks Ct

Jacksonville FL 32224

S

Wilma S. Gallagher

4306 Pablo Oaks Ct

Jacksonville FL 32224

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.

1-10-97

904-992-4110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

00000007

CR2E034 (9/96)