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PROFIT
CORPORATION
ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600068876 (7)

LOCO MOTORS OF NORTH FLORIDA, INC.

Principal Place of Business Mailing Address ROUTE 12. BOX 134 **ROUTE 12. BOX 134** LAKE CITY FL 32025-8814 LAKE OTTY FL 32025 3a. Date of Last Report 3. Date Incorporated or Qualified 08/15/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 39-339487 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No Zip Country Country 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CALEY, BRIAN J **ROUTE 12, BOX 134** 82 Street Address (P.O. Box Number is Not Acceptable) LAKE CITY FL 32025 83 64 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE CALEY, BRIAN J NAME **1.2 NAME ROUTE 12, BOX 134** STREET ADORESS 1.3 STREET ADDRESS LAKE CITY FL 32025 1.4 CITY-\$T-7IP CITY-ST-ZIP DELETE ☐ Change Addition 2.1 TITLE TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1 11116 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change ___ Addition TITLE 4.1 TILLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHTY-ST-ZIE DELETE Change Addition Addition 5.1 TH LE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 City-St-ZiP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE 6.2 NAME NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 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 tam 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.

CONATURE, Brian J. Calev

Secretary of State

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Mar 13 1997 8:00am