FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S11773** **(6)**

1. Corporation Name

NATIONAL COACH WORKS, INC. OF FLORIDA

Principal Place of Business	Mailing Address
1477 W. GORE STREET ORLANDO FL 32805-4730 US	1477 W. GORE STREET ORLANDO FL 32805-4730 US

2. Principal Place of Business 21 9800 US Highway 192 & 27 Street, Apt. #, etc. 22 City & State 23 Clermont, Florida Zip 24 34711-8204 Country 25 US	2a. Mailing Address 26 9800 US Highway 192 & 27 Street, Apt. #, etc. 27 City & State 28 Clermont, Florida Zip 29 34711-8204 Country 30 US

3. Date Incorporated or Qualified: **10/31/1990**

3a. Date of Last Report: **04/04/1995**

4. FEI Number: **59-3034651** ☐ 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

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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 607.1622, 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. The name and address of the registered agent and the registered office are typed above. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	HENRY, FRANK M	
STREET ADDRESS	753 RANSOM ROAD	
CITY-ST-ZIP	DALLAS PA	
TITLE	D	☐ DELETE
NAME	OAKMAN, JOHN R	
STREET ADDRESS	29 KING GEORGES GRANT	
CITY-ST-ZIP	FREDERICKSBURG VA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	☐ Change ☐ Addition
1a NAME	
1b STREET ADDRESS	
1c CITY-ST-ZIP	
2 TITLE	☐ Change ☐ Addition
2a NAME	
2b STREET ADDRESS	
2c CITY-ST-ZIP	
3 TITLE	☐ Change ☐ Addition
3a NAME	
3b STREET ADDRESS	
3c CITY-ST-ZIP	
4 TITLE	☐ Change ☐ Addition
4a NAME	
4b STREET ADDRESS	
4c CITY-ST-ZIP	
5 TITLE	☐ Change ☐ Addition
5a NAME	
5b STREET ADDRESS	
5c CITY-ST-ZIP	
6 TITLE	☐ Change ☐ Addition
6a NAME	
6b STREET ADDRESS	
6c CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 added to the report.

SIGNATURE: _____ 3/29/96 941-424-9860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE NUMBER

CR2E034 (12/95)