

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S16078**

1. Corporation Name

Koons Chevrolet, Inc.

Principal Place of Business
**3101 N State Road 7
Hollywood, FL 33021**

Mailing Address
**3101 N State Road 7
Hollywood, FL 33021**

APPROVED
AND
FILED

95 MAY -1 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001480368
-05/09/95--01093--015
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11-29-1990** 3a. Date of Last Report **4-29-1994**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 City & State 28 City & State

24 City & State 29 City & State

25 City & State 30 City & State

4. FEI Number **65-0233696** 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**

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**Singer, Bernard A
4700 Sheridan Street
Suite B
Hollywood, FL 33021**

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 607.1508, 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 of person in printed name of registered agent and the filer)

(Signature of registered agent and filer)

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY ST ZIP

2. TITLE

NAME

STREET ADDRESS

CITY ST ZIP

3. TITLE

NAME

STREET ADDRESS

CITY ST ZIP

4. TITLE

NAME

STREET ADDRESS

CITY ST ZIP

5. TITLE

NAME

STREET ADDRESS

CITY ST ZIP

6. TITLE

NAME

STREET ADDRESS

CITY ST ZIP

7. TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY ST ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY ST ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY ST ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY ST ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY ST ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 registered agent 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 amendment with an address.

SIGNATURE:

James S Carroll
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James S Carroll 4/25/95 981-6505
Date