

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S42881** (0)

1. Corporation Name

WILLIAM W. COCHRAN AUTOMOTIVE SERVICES, INC.



Principal Place of Business

**1003 FLORIDA AVE
PALM HARBOR FL 34683**

Mailing Address

**1003 FLORIDA AVE
PALM HARBOR FL 34683**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

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Country

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9. Name and Address of Current Registered Agent

**PEARSE, RICHARD L. JR
613 S MYRTLE AVE
CLEARWATER FL 34617**

81 Name

Richard L. Pearse, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

814 Chestnut St.

83

84 City

Clearwater

FL

85 Zip Code
34616

3. Date Incorporated or Qualified
04/01/1991

3a. Date of Last Report
04/25/1995

4. FEI Number
59-3001732

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.05(12) 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 date of appointment (NOTE: Registered Agent signature is required when changing agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
COCHRAN, WILLIAM M.
304 PALMETTO LANE
LARGO FL**

TITLE ☐ DELETE

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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)(k), 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:

William W. Cochran

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/96

813-784-3316

CR2E034 (12/95)