

**FILE NOW; FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
Tallahassee, Florida 32399-0001

APPROVED  
AND  
FILED

SEP 11 1995 9:37

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TALLAHASSEE, FLORIDA

DOCUMENT # **S90399**

(4)

**CORRIVEAU MOTORS, INC.**

P O BOX 1508  
CRYSTAL RIVER FL 34423  
US

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CRYSTAL RIVER FL 34423  
US

DO NOT WRITE IN THIS SPACE

3. Date the corporation was organized		3a. Date of last report	
10/28/1991		04/18/1994	
4. FEIN Number		Applied For	
59-3095994		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input type="checkbox"/>		<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contributor		\$5.00 May Be Added to Fees	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
8. The corporation is subject to the provisions of Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		30	

9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent			
BRETT, H. JAMES 511 E PENNSYLVANIA AVE DUNNELLON FL				81 Name			
				82 Street Address (P.O. Box Number is Not Applicable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 607.0501 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 607.0501, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature of Registered Agent) \_\_\_\_\_ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
12a. NAME	D CORRIVEAU, ARMOND J. 9191 N KATHLEEN TER DUNNELLON FL	13a. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12b. STREET ADDRESS		13b. STREET ADDRESS	
12c. CITY		13c. CITY	
12d. STATE		13d. STATE	
12e. ZIP CODE		13e. ZIP CODE	
12f. NAME	D CORRIVEAU, NANCY W. 9191 N KATHLEEN TER DUNNELLON FL	13f. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12g. STREET ADDRESS		13g. STREET ADDRESS	
12h. CITY		13h. CITY	
12i. STATE		13i. STATE	
12j. ZIP CODE		13j. ZIP CODE	
12k. NAME		13k. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12l. STREET ADDRESS		13l. STREET ADDRESS	
12m. CITY		13m. CITY	
12n. STATE		13n. STATE	
12o. ZIP CODE		13o. ZIP CODE	
12p. NAME		13p. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12q. STREET ADDRESS		13q. STREET ADDRESS	
12r. CITY		13r. CITY	
12s. STATE		13s. STATE	
12t. ZIP CODE		13t. ZIP CODE	

14. I, the undersigned, certify that the information supplied with this filing is voluntary, truthful and correct and equally for the compliance of the law has been filed in the Florida Department of State. I further certify that the information is correct for the purpose of filing and that my signature shall have the same legal effect as if made under oath. This information is filed for the corporation in the name of the undersigned to comply with the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12, and Block 13, in the report of the corporation with an address.

SIGNATURE: *Armond J. Corriveau* *Nancy W. Corriveau* 4-14-95  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 904-795-5092  
Sub 4-1994-4