FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # **S90399** **(4)**

1. Corporate Name

CORRIVEAU MOTORS, INC.

Principal Place of Business	Mailing Address
P O BOX 1508 CRYSTAL RIVER FL 34423 US	P O BOX 1508 CRYSTAL RIVER FL 34423 US

3. Date Incorporated or qualified: 10/28/1991
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-3095994 — Applied For / Not Applicable
5. Certificate of Status Desired — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution X — $5.00 May Be Added to Fees
8. Florida Statutes X Yes ☐ No

2. Principal Office — 21, 22 Suite, Apt #, 23 City & State, 24 Zip, 25 Country
2a. Mailing Address — 26, 27 Suite, Apt #, 28 City & State, 29 Zip, 30 Country

9. **Name and Address of Current Registered Agent**

BRETT, H. JAMES
511 E PENNSYLVANIA AVE
DUNNELLON FL

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CORRIVEAU, ARMOND J.
STREET ADDRESS	9191 N KATHLEEN TER
CITY-ST-ZIP	DUNNELLON FL
TITLE	D
NAME	CORRIVEAU, NANCY W.
STREET ADDRESS	9191 N KATHLEEN TER
CITY-ST-ZIP	DUNNELLON FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and 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 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: Nancy W. Corriveau NANCY W. CORRIVEAU 4-14-95 904-795-5092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0464704 FP