

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Corporation Secretary
Tallahassee, Florida 32399-0001
Telephone: (904) 493-0001

APPROVED
AND
FILED

SEP 14 1995

RECEIVED
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

(9) IF THERE IS THIS SPACE

3. Date of incorporation or organization	3a. Date of last report
10/28/1991	04/18/1994
4. EIN Number	Applied For
59-3095994	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	
7. The corporation has filed its annual report under Chapter 607, Florida Statutes	☒ Yes ☐ No

2. Principal office or principal place of business	2a. Mailing Address
21. State	26. State
22. City	27. City
23. State	28. State
24. State	29. State
25. State	30. State

9. Name and Address of Current Registered Agent

BRETT, H. JAMES
511 E PENNSYLVANIA AVE
DUNNELLON FL

10. Name and Address of Now Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Applicable)	
83. City	
84. City	
85. Zip Code	FL

11. Pursuant to the provisions of Sections 607.05(2) 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 607.05(2), Florida Statutes.

SIGNATURE

(If the agent is a corporation, the president or officer must sign)

(If the registered agent is a corporation, request after receipt)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	D CORRIVEAU, ARMOND J.	13.1 NAME	☐ Change ☐ Addition
12.2 STREET ADDRESS	9191 N KATHLEEN TER	13.2 STREET ADDRESS	
12.3 CITY	DUNNELLON FL	13.3 CITY	
12.4 NAME	D CORRIVEAU, NANCY W.	13.4 NAME	☐ Change ☐ Addition
12.5 STREET ADDRESS	9191 N KATHLEEN TER	13.5 STREET ADDRESS	
12.6 CITY	DUNNELLON FL	13.6 CITY	
12.7 NAME		13.7 NAME	☐ Change ☐ Addition
12.8 STREET ADDRESS		13.8 STREET ADDRESS	
12.9 CITY		13.9 CITY	
12.10 NAME		13.10 NAME	☐ Change ☐ Addition
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY		13.12 CITY	
12.13 NAME		13.13 NAME	☐ Change ☐ Addition
12.14 STREET ADDRESS		13.14 STREET ADDRESS	
12.15 CITY		13.15 CITY	
12.16 NAME		13.16 NAME	☐ Change ☐ Addition
12.17 STREET ADDRESS		13.17 STREET ADDRESS	
12.18 CITY		13.18 CITY	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and checked carefully for the compliance of the law herein. I hereby take Florida Statutes Chapter 607, that the information is correct and 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 person or persons empowered to make the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12, and Block 13, as required, or on an attachment with an address.

SIGNATURE

Armond J. Corriveau
ARMOND J. CORRIVEAU

4-14-95
904-795-5092

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR