

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V05310** (0)

1. Corporation Name

EGLIN AUTO CENTER, INC.



Principal Place of Business

**201 EGLIN PARKWAY S.E.
FORT WALTON BEACH FL 32548**

Mailing Address

**201 EGLIN PARKWAY S.E.
FORT WALTON BEACH FL 32548**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 **812 LAKE AMICK DRIVE**
Suite, Apt. #, etc.

27

City & State

28 **NICEVILLE, FLORIDA**

Zip

29 **32578**

Country

30

U.S.A.

3. Date Incorporated or Qualified

01/09/1992

3a. Date of Last Report

02/21/1995

4. FEI Number

59-3100471

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

9. Name and Address of Current Registered Agent

**BYRD, THOMAS M.
201 EGLIN PARKWAY S.E.
FORT WALTON BEACH FL 32548**

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 607.0602 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 Registered Agent)

(Signature of Secretary or Treasurer)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME **P BYRD, THOMAS M.**
STREET ADDRESS **812 LAKE AMICK DR.**
CITY-STATE-ZIP **NICEVILLE FL**

2. TITLE ☐ DELETE

NAME **ST BYRD, EVELYN A.**
STREET ADDRESS **812 LAKE AMICK DR.**
CITY-STATE-ZIP **NICEVILLE FL**

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition

3. NAME

4. STREET ADDRESS

5. CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition

4. NAME

5. STREET ADDRESS

6. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

5. NAME

6. STREET ADDRESS

7. CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-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)(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 it 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: *Thomas M. Byrd* **THOMAS M. BYRD, PRESIDENT**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-11-96
DATE

304-243-2151
TELEPHONE NUMBER

CR2E034 (12/95)