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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # V09055 (7)

1. Corporation Name:
SARGENT'S AUTO SALES, INC.

Principal Place of Business: **P.O. BOX 53 SUMTERVILLE FL 33585**

Mailing Address: **P.O. BOX 53 SUMTERVILLE FL 33585**

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

22. Suite Apt # etc: **27**

23. City & State: **28**

24. Zip: **25** Country: **29** Country: **30**

3. Date Incorporated or Qualified: **01/23/1992**

3a. Date of Last Report: **04/21/1994**

4. FEI Number: **59-3102026** 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**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**SARGENT, ROBERT R., I
COUNTY ROAD 426
P.O. BOX 1384
LAKE PANASOFFKEE FL 33538**

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 agent 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: _____ (Name of Agent or Registered Agent or Officer or Director) (Type or Print Name of Agent or Registered Agent or Director)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	P	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	SARGENT, DALE R.	2. NAME	
3. STREET ADDRESS	P.O. BOX 1056	3. STREET ADDRESS	
4. CITY, ST, ZIP	LAKE PANASOFFKEE FL	4. CITY, ST, ZIP	
5. TITLE	V	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	SARGENT, ROBERT B. I	6. NAME	
7. STREET ADDRESS	P.O. BOX 1384	7. STREET ADDRESS	
8. CITY, ST, ZIP	LAKE PANASOFFKEE FL	8. CITY, ST, ZIP	
9. TITLE	ST	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	SARGENT, SUSAN	10. NAME	
11. STREET ADDRESS	P.O. BOX 1384	11. STREET ADDRESS	
12. CITY, ST, ZIP	LAKE PANASOFFKEE FL	12. CITY, ST, ZIP	
13. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, ST, ZIP		16. CITY, ST, ZIP	
17. TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is substantially true and does not qualify for the exemption stated in Section 130.02(2)(b), 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. But 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 of this report or on an attachment with an address.

SIGNATURE: *Robert R Sargent* **ROBERT B SARGENT** **4-20-94** **904-7931295**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR