

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF INCORPORATIONS

**APPROVED
AND
FILED**

JULY 13 AM 10:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V39020 (5)

1. Corporation Name

TERINO'S USED CARS, INC.

2. Principal Place of Business

**5901 N. FLORIDA AVE.
TAMPA FL 33604**

2a. Mailing Address

**5901 N FLORIDA AVE
TAMPA FL 33604
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Licensed

05/27/1992

3a. Date of Last Report

04/06/1994

4. FET Number

59-3127298

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**

8. This corporation has liability for intangible tax under S. 199.04?

Florida Statute

☒ Yes ☐ No

2. Principal Place of Business

21

State, Apt. # etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

State, Apt. # etc.

27

City & State

28

Zip

Country

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALLEN, C STEPHEN
4830 W KENNEDY BLVD
SUITE 340
TAMPA FL 33609**

81 Name

82 Street Address (P.O. Box Number is Not Applicable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 609.01, 609.02, and 609.03, Florida Statutes, the above-captioned corporation submits this statement for the purpose of changing its registered office or registered agent in part in the State of Florida. Such change was authorized by the corporation's board of directors, a majority in right the approved and registered agent, or both, and is in full compliance with the provisions of Sections 609.01, 609.02, and 609.03, Florida Statutes.

SIGNATURE

12. OFFICER, DIRECTOR, AND/OR AGENT

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME	D
LAST	TERINO, CHRISTOPHER A.
FIRST	5901 N FLORIDA AVE
CITY	TAMPA FL
STATE	
ZIP	
DATE	
NAME	
LAST	
FIRST	
CITY	
STATE	
ZIP	
DATE	
NAME	
LAST	
FIRST	
CITY	
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NAME		APPROVE
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CITY		
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LAST		
FIRST		
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DATE		
NAME		
LAST		
FIRST		
CITY		
STATE		
ZIP		
DATE		

14. I, the undersigned, certify that the information reported with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 609.01, Florida Statutes. I further certify that the information indicated on this form was requested or supplemented with all required documents and reports, and that the signatures that have been made hereafter are in full compliance with the provisions of Sections 609.01, 609.02, and 609.03, Florida Statutes. I am not a director, officer, or agent of the corporation and I am not a shareholder of the corporation.

SIGNATURE: C.A. TERINO
SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR

5/13/95 813 237-2103