

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

**APPROVED AND FILED**

55 MAY 23 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Kathleen Matthews  
Secretary of State  
Division of Corporations

DOCUMENT # **V46509** (8)  
1. Corporation Name  
**GAINESVILLE AUTO CENTER, INC.**

Principal Place of Business: **514 NORTH MAIN STREET GAINESVILLE FL 32601**  
Mailing Address: **514 NORTH MAIN STREET GAINESVILLE FL 32601**

DO NOT WRITE IN THIS SPACE

3. Date for Corporation Tax Quarters: **06/29/1992**  
3a. Date of Last Report: **01/20/1994**

21. Principal Place of Business	26. Mailing Address	4. FIC Number	Applied For
<b>514 NORTH MAIN STREET GAINESVILLE FL 32601</b>	<b>514 NORTH MAIN STREET GAINESVILLE FL 32601</b>	<b>59-3157455</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
22. State Appt #	27. State Appt #	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
23. City & State	28. City & State	8. This corporation has liability for a franchise tax under the Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. City	25. State	29. City	30. State

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
<b>RAJAEI, MOHAMMAD 514 NORTH MAIN STREET GAINESVILLE FL 32601</b>		B1. Name		
		B2. Street Address (P.O. Box Number or Not Applicable)		
		B3. City		
		B4. City	<b>FL</b>	B5. Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.01(2)(b), 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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.01(2)(b), Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Registered Agent) \_\_\_\_\_ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS BY:	
01. NAME	<b>PST RAJAEI, MOHAMMAD 514 N MAIN ST GAINESVILLE FL</b>	1.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
02. STREET ADDRESS		1.2 STREET ADDRESS	
03. CITY		1.3 CITY & STATE	
04. NAME		1.4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
05. STREET ADDRESS		1.5 STREET ADDRESS	
06. CITY		1.6 CITY & STATE	
07. NAME		1.7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
08. STREET ADDRESS		1.8 STREET ADDRESS	
09. CITY		1.9 CITY & STATE	
10. NAME		2.0 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		2.1 STREET ADDRESS	
12. CITY		2.2 CITY & STATE	
13. NAME		2.3 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		2.4 STREET ADDRESS	
15. CITY		2.5 CITY & STATE	
16. NAME		2.6 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. STREET ADDRESS		2.7 STREET ADDRESS	
18. CITY		2.8 CITY & STATE	
19. NAME		2.9 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. STREET ADDRESS		3.0 STREET ADDRESS	
21. CITY		3.1 CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am qualified and capable to qualify for the appointment stated in Section 607.01(2)(b), Florida Statutes. I further certify that the information submitted on this report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the manager or authorized person empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report or as an attachment with an affidavit.

SIGNATURE:  **5-19-95** (904) 376-4113  
SIGNATURE AND TYPE (OR PRINTED NAME) OF REGISTERING OFFICER ON FILE FOR