

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 145530

Entity Name: NORTH FLORIDA MOTOR COMPANY**Current Principal Place of Business:**4620 SOUTHSIDE BLVD.
JACKSONVILLE, FL 32216**Current Mailing Address:**2165 RIVER BLVD.
JACKSONVILLE, FL 32204**FEI Number: 59-0542573****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LYNCH MANAGEMENT COMPANY
2165 RIVER BLVD
JACKSONVILLE, FL 32204 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	LYNCH, WILLIAM B
Address	2165 RIVER BLVD.
City-State-Zip:	JACKSONVILLE FL 32204

Title	S
Name	LYNCH, LARRY P
Address	2165 RIVER BLVD
City-State-Zip:	JACKSONVILLE FL 32204

Title	VP
Name	LYNCH, THOMAS P
Address	4620 SOUTHSIDE BLVD.
City-State-Zip:	JACKSONVILLE FL 32216

Title	T
Name	LYNCH, ROBERT P
Address	2165 RIVER BLVD.
City-State-Zip:	JACKSONVILLE FL 32204

Title	AS
Name	LE BARON, CAROL H
Address	4620 SOUTHSIDE BLVD
City-State-Zip:	JACKSONVILLE FL 32216

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT P. LYNCH**TREASURER****02/12/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date