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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 10 PM 2:14

DOCUMENT # **F47698** (8)

1. Corporation Name
MARIANNA TOYOTA, INC.

Principal Place of Business Mailing Address
% QUEN RAHAL **POST OFFICE BOX 757**
2981 PENN AVE **2981 PENN AVE**
MARIANNA FL 32447 **MARIANNA FL 32447**
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/07/1981** 3a. Date of Last Report **04/11/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2130638		Applied For <input type="checkbox"/> Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip	28	Zip	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	Country	29	Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RAHAL, QUEN 2981 PENN AVE MARIANNA FL 32446				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAHAL, QUEN	1.2 NAME	
STREET ADDRESS	700 W LAFAYETTE ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	MARIANNA, FL 00000	1.4 CITY - ST - ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, JORGE	2.2 NAME	
STREET ADDRESS	208 S. PENN AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MARIANNA FL	2.4 CITY - ST - ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAHAL, ANN	3.2 NAME	
STREET ADDRESS	700 W LAFAYETTE ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	MARIANNA, FL 00000	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, J W	4.2 NAME	
STREET ADDRESS	3422 N OAKS	4.3 STREET ADDRESS	
CITY - ST - ZIP	MARIANNA FL	4.4 CITY - ST - ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN DONNA	5.2 NAME	
STREET ADDRESS	733 WADE AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	BLOUNTSTOWN FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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 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 in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Jorge Garcia* **Jorge Garcia** 4-5-95 904-526-3511
SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Telephone #)