FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000016729 (3)

AUTO ADVISOR OF NORTH FLORIDA, INC.

FILED Jan 14 1997 8:00am Secretary of State



Principal Place of Business Mailing Address								
							440 N. MONRO TALLAHASSEE	
			3. Date Incorporated or Qualified					
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FE! Number Applied For		
1		26				59-3227278 Not Applies		
Surte, Apt. #, etc 2 City & State 3		Suile, Apt. #, etc. 27 City & State 28				5. Certificate of Status Desired		
						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Ζιρ	Cou	ntry		8. This corporation has liability for intangible tax under s. 199.032,		
4	25	29	30			Florida Statutes X Yes No		
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered Agent		
	ORE, E. MURRAY JR. B E. COLLEGE AVE.			81	Name			
		ŀ	82	Street Add	Idress (P.O. Box Number is Not Acceptable)			
TAL	LAHASSEE FL 32301	•		83				
				84	City	[85] Zip Code		
				i		orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered		
12,		D DIRECTORS	13.		int signature requ	oured when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	DITETE	1.170	ILE		Change Addition		
NAME	WHIDDEN, DENNIS W		1 2 NA	ME				
STREET ADDRESS	440 N. MONROE ST.				ADDRESS			
CITY ST-7IP	TALLAHASSEE FL 32301 ST	Document	140		T-ZIP	Character and Addition		
THTLE	WHIDDEN, DENISE M	☐ DELET€	21 []			Change Addition		
NAME STREET ADDRESS	440 N. MONROE STREET		22 NA		ADDRESS			
CITY - S1 - ZIP	TALLAHASSEE FL \$2303				ST-ZIP	32301		
TITLE		DELETE	3 1 TII		31-211	Change Addilio		
NAMÉ		• •	3 2 NA		ľ	= · · -		
STREET ADDRESS	<u>;</u> 		3351	REET	ADDRESS			
CITY - ST - ZIP			3.4 C	ITY - S	ST-ZIP			
TITLE		DELETE	4.1]]	FLE		Change Additio		
NAME			4. 2 N	AME				
STREET ADDRESS					ADDRESS			
CITY ST-Z-P		DELETE	4.4 CF		I - ZIP	Change Addition		
TITLE.		L. Detelb	51 TI			Change Additio		
NAME CARLET ADDRESS			5.2 NA		ADDOCCO			
STREET ADDRESS						*		
Cify - ST - 7tP Tifld		DELETE	5.4 Ch		ST - ZIP	Change Additio		
NAME			6.2 NJ)	_ Shanga Hoondo		
STREET ADORESS			T T		ADDRESS			
City of 210			1		T 710			

14. I do hereby certify that the information supplied with this fing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

July w. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR