

# P950000 20107

THOMAS B. ENRIGHT

(Requestor's Name)

P. O. BOX 1728

(Address)

NEWBERRY, FL. 32669/454-1696

(City, State, Zip)

(Phone #)

700001428157  
-03/13/95--01063--003  
\*\*\*\*123.00 \*\*\*\*123.00

OFFICE USE ONLY

EFFECTIVE DATE

03-10-95

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. E.A. CAR COMPANY INC

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

Walk in

Pick up time \_\_\_\_\_

Certified Copy

Mail out

Will wait

Photocopy

Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
95 MAR 13 PM 12:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NANCY HENDRICKS MAR 13 1995

Examiner's Initials

EFFECTIVE DATE

**ARTICLES OF INCORPORATION  
OF  
E. A. CAR COMPANY, INC.**

FILED  
95 MAR 13 PM 12 48  
SECRET  
TALLAHASSEE

Article I

Name. The name of this Corporation is E. A. CAR COMPANY, INC.

Article II

Principal Office: The principal place of business and mailing address of this corporation shall be: P.O. Box 1728, Newberry, Florida 32669.

Article III

Duration. The period of duration of this Corporation shall be perpetual, commencing on the date of execution and acknowledgment of these articles.

Article IV

Purpose. The purpose of this Corporation is to engage in any activities or businesses permitted under the laws of the United States and under the Florida General Corporation Act including, but not limiting the acquisition of life insurance bonds, debentures, commodities, leaseholds, options, puts and calls, easements, mortgages, notes, mutual funds, investment trusts, common trust funds, voting trust certificates, and any class of stock or right to subscribe for stock, including trading on margin.

Article V

Capital Stock. This Corporation is authorized to issue 500 shares of One Dollar (\$1.00) par value common stock. All shareholders shall have preemptive rights in future stock sales by the corporation.

Article VI

By-Laws. The power to adopt, alter, amend or repeal By-Laws shall be vested in the Board of Directors and Shareholders.

Article VII

Initial Registered Office and Agent. The street address of the initial registered office of this Corporation is 10A Northeast Santa Fe Boulevard, High Springs, FL 32643 and the name of the initial registered agent of this Corporation is THOMAS B. ENRIGHT.

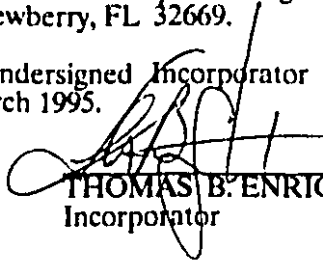
Article VIII

Initial Board of Directors. The Corporation shall have one (1) Director initially. The number of Directors may either be increased or diminished from time to time by the By-Laws, but it shall never be less than one. The name and address of the initial Director of this Corporation is THOMAS B. ENRIGHT, P.O. Box 1728, Newberry, FL.

Article IX

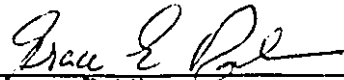
Incorporator. The name and address of the person signing these Articles is THOMAS B. ENRIGHT, P.O. Box 1728 Newberry, FL 32669.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 10<sup>th</sup> day of March 1995.

  
THOMAS B. ENRIGHT  
Incorporator

STATE OF FLORIDA  
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me, this 10<sup>th</sup> day of March 1995 by THOMAS B. ENRIGHT as the Incorporator of these Articles of Incorporation and as such Incorporator verifies that all statements and information contained herein are true and correct. He is personally known to me.

  
Notary Public  
GRACE E. RAMCHARAN  
Print Name:  
My Commission Expires:  
My Commission Number:



(SEAL)

Notary Public, State of Florida  
GRACE E. RAMCHARAN  
My Comm. Exp. Mar 14, 1997  
Comm. No. CC 265755



Notary Public, State of Florida  
GRACE E. RAMCHARAN  
My Comm. Exp. Mar 14, 1997  
Comm. No. CC 265755

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE  
FOR THE SERVICE OF PROCESS WITHIN THIS STATE  
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

First--That E. A. CAR COMPANY, INC., desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation, at City of Gainesville County of Alachua, State of Florida, has named THOMAS B. ENRIGHT, ~~P.O. Box 1728, Newberry,~~ County of Alachua, State of Florida, as its agent to accept service of process within this State.  
*10A NE SANTA FE BLVD. HIGHLAND SPRINGS,*

**ACKNOWLEDGMENT**

Having been named to accept service of process for the above-stated corporation, at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

  
\_\_\_\_\_  
THOMAS B. ENRIGHT  
Resident Agent

REC'D  
FILED

95 MAR 13 10 10 AM '95

FBI  
MIRANDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

96 DEC 18 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000020107**

1 Corporation Name  
**E.A. CAR COMPANY, INC.**

Principal Place of Business  
P.O. BOX 1728  
NEWBERRY FL 32069

Mailing Address  
P.O. BOX 1728  
NEWBERRY FL 32069



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>03/10/1985</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-3299524</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	ENRIGHT, THOMAS B	<del>401 NE SANTA FE BLVD</del> <b>528 N. MAIN ST.</b>	<del>HIGH SPRINGS FL 32043</del> <b>NEWBERRY, FL 32669</b>
			<b>500002037145-1</b> <b>-12/24/96--0111-005</b> <b>***375.00 ***375.00</b>

**REINSTATEMENT 1996**  
*J. Alan*  
**12/18/96**

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<b>ENRIGHT, THOMAS B</b> <b>401 NE SANTA FE BLVD 528 N. MAIN ST.</b> <b>HIGH SPRINGS FL 32043 NEWBERRY, FL 32669</b>		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date **12-16-96**  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE *[Signature]* **SIGNATURE REQUIRED** Date **12-16-96** Daytime Phone # **352-538-7875**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20040 1/90