

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

**FILED**

**Apr 23 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 177174 (0)**

1. Corporation Name  
**LEE PONTIAC-OLDSMOBILE-GMC TRUCK, INC.**



Principal Place of Business <b>235 MIRACLE STRIP PKWY. FT WALTON BEACH FL 32548</b>	Mailing Address <b>235 MIRACLE STRIP PKWY. FT WALTON BEACH FL 32548</b>
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3. Date Incorporated or Qualified <b>01/30/1954</b>	3a. Date of Last Report <b>04/03/1996</b>
4. FEI Number <b>59-0711793</b>	Applied For <input type="checkbox"/> Not Applicable
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>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent <b>LEE, GARY E 112 INDIAN BAYOU DR DESTIN FL 32561</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>LEE, GARY E</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>112 INDIAN BAYOU DR.</b>	CITY - ST - ZIP <b>DESTIN FL</b>	1.2 NAME	
TITLE <b>VD</b>	NAME <b>LEE, DAVID S</b>	1.3 STREET ADDRESS	
STREET ADDRESS <b>3981 INDIAN TRAIL</b>	CITY - ST - ZIP <b>DESTIN FL</b>	1.4 CITY - ST - ZIP	
TITLE <b>D</b>	NAME <b>LEE, JAMES L.</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1044 HIGHWAY 98</b>	CITY - ST - ZIP <b>DESTIN FL</b>	2.2 NAME	
TITLE <b>STD</b>	NAME <b>LEE, GARY E., JR.</b>	2.3 STREET ADDRESS	
STREET ADDRESS <b>144 INDIAN BAYOU DR.</b>	CITY - ST - ZIP <b>DESTIN FL</b>	2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	4.2 NAME <b>LEE, GARY E., JR.</b>	
TITLE	NAME	4.3 STREET ADDRESS <b>3993 Indian Trail</b>	
STREET ADDRESS	CITY - ST - ZIP	4.4 CITY - ST - ZIP <b>Destin FL</b>	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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.

SIGNATURE: GARY E. LEE, JR. SECRETARY-TREASURER 3-12-97 904-243-3123

CR2E034 (9/96)