FILED

Feb 22, 1999 8:00 am

Secretary of State

02-22-1999 90077 039 ***150.00

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

PROFIT CORPORATION ANNUÁL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 177174 1. Corporation Name

LEE PONTIAC-OLDSMOBILE-GMC TRUCK, INC.

Principal Place of Business Mailing Address					-{	4 0).0 () (1 0) () (10)() (10)() (10)() (10)()
235 MIRACLE STRIP PKWY. FT WALTON BEACH FL 32548		235 MIRACLE STRIP PKWY. FT WALTON BEACH FL 32548				
					DO NOT WRITE IN TH	IS SPACE
					3. Date Incorporated or Qualifed 01/30/1954	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21		26			59-0711793	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year	ntangible
24	25		30		Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registere	d Agent
LFF	GARY E		81 N	lame		
112 INDIAN BAYOU DR DESTIN FL 32561		82 S	82 Street Address (P.O. Box Number is Not Acceptable)			
			83			2.5 2.5 2.5 2.5
			84 0	ity		. 85 Zip Code
44 5		00 1007 1500 50 11 11 01 11			_	L
office or	to the provisions of Sections 507.05 registered agent, or both, in the State	02 and 607.1508, Florida Statute e of Florida. Such change was au	s, the above-na thorized by the	amed corpo corporation	ration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing its registered ointment as registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flori	ida Statutes.	•	, , , , , , , , , , , , , , , , , , , ,	
SIGNATURE			<u> </u>			
12.	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: ND DIRECTORS	Registered Agent sig	nature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIDECTORS IN 42
TITLE	PD	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS /	Change Addition
NAME	LEE,GARY E		1.2 NAME			Clemendo Clumando
STREET ADDRESS	112 INDIAN BAYOU DR.		1.3 STREET ADD	DESS		
CITY-ST-ZIP	DESTIN FL		1.4 CITY-ST-ZIF			
TITLE	VD	☐ DELETE	2.1 TITLE			Change Addition
NAME	LEE,DAVID S	_,,_	2.2 NAME	ľ		
STREET ADDRESS	3981 INDIAN TRAIL		2.3 STREET ADE	nnece		
CITY-ST-ZIP	DESTIN FL				•	
TITLE	D	DELETE	2.4 CITY-ST-ZI	<u>'—</u> —-		Change Addition
NAME	LEE. JAMES L.	<u> </u>	3.2 NAME		_	E curado Cirmanion
STREET ADDRESS	1044 HIGHWAY 98		3.3 STREET ADD	RESS \O	6 SW Wright Pkmy	
CITY-ST-ZIP	DESTIN FL			-	- Intelion April El	21548
TITLE	STD	DELETE	3.4. CITY-ST-ZII 4.1 TITLE	- \ 	L. Actitor Beach Le	☐ Change ☐ Addition
NAME	LEE, GARY E., JR.		4. 2 NAME			C outride
STREET ADDRESS	3985 INDIAN TRAIL		4.3 STREET ADD	DECC	-	
CITY-ST-ZIP	DESTIN FL				•	•
TITLE	OLO III I	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE			Change Addition
NAME			5.2 NAME	1		
STREET ADDRESS			53 STREET ADD	RESS		
CITY-ST-ZIP						
TITLE			5.4 CITY+ST-ZIP	{		ļ
		□ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE			Change Addition
		☐ DELETE		-		☐ Change ☐ Addition
NAME STREET ADDRESS		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

1-14-99 850-243-312