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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 309272

CONLEY BUICK, INC.

	,									
Principal Place of Business		Mailing Address				1			Elett eren aren e	
800 CORTEZ RD		800 CORTEZ RD								
BRADENTON FL 34207		BRADENTON FL 34207					DO NOT WR	ITE IN THE	S SPACE	
						3. Date Incor	rporated or Qualifed			
						09/22/19	966			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Numb			Ap	plied For
21		26				59-1148	3390			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5 Certificate	of Status Desired		\$8.75 A		
22		27				2 . 3 0. 			Fee Re	
City & State	e *-	City & State					Campaign Financing		\$5.00	
23		28	0				d Contribution		Added t	o rees
Zip	Country	Zip	Cour	ntry		,	oration owes the cur Property Tax.	rent year li	ntangible ☐ Yes	□No
24	9. Name and Address of Curre		30				d Address of New	Registered		
	5. Name and Address of Care	III IVediateled Agent		81	Name	10. 110.				
CON	ILEY,ROGER P.							(=1-1-X		
2401 MANATEE AVE. WEST				82	Street Add	dress (P.O. Box Nu	umber is Not Accept	able)		
BRAI	DENTON FL 34207		ļ	83						
			j						Two 1 75- 6	N- 4-
				84	City			F	85 Zip C	-oae
11 Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statut	es, the at	oove-	named cor	poration submits th	his statement for the	e purpose o	of changing its	registered
office or re agent. I as	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	e of Florida. Such change was a ations of, Section 607.0505, Flo	uthorized rida Statu	by trutes.	he corporat	tion's board of direc	his statement for the ctors. I hereby acce	opt the appo	of changing its cointment as req	registered gistered
office or re agent. I as	egistered agent, or both, in the State m familiar with, and accept the obliga- Signature, typed or printed name of registered age	e of Florida. Such change was a ations of, Section 607.0505, Flo ent and title if applicable. (NOTE	uthorized rida Statu :: Registered	by trutes.	he corporat	tion's board of dired	ctors. I nereby acce	DATE		Jistered
office or reagent. I as SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS A	e of Florida. Such change was a ations of, Section 607.0505, Flo ent and title if applicable. (NOTE ND DIRECTORS	uthorized rida Statu	by trutes.	he corporat	tion's board of dired	his statement for the ctors. I hereby acce	DATE		Jistered
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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 it 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP