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Jan 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **358922** **(3)**

1. Corporation Name
COGGIN AUTOMOTIVE CORP.

Principal Place of Business
7400 BAYMEADOWS WAY
SUITE 200
JACKSONVILLE FL 32256

Mailing Address
7400 BAYMEADOWS WAY
SUITE 200
JACKSONVILLE FL 32256-6842

3. Date Incorporated or Qualified: **01/29/1970**
3a. Date of Last Report: **02/01/1996**

2. Principal Place of Business
21 4306 Pablo Oaks Court
Suite, Apt. #, etc.
22
City & State
23 Jacksonville FL
Zip 24 32224 Country 25

2a. Mailing Address
26 P O Box 16469
Suite, Apt. #, etc.
27
City & State
28 Jacksonville FL
Zip 29 32245 Country 30

4. FEI Number: **59-1285803** — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
COGGIN, LUTHER W.
7400 BAYMEADOWS WAY
SUITE 200
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 4306 Pablo Oaks Court
83
84 City Jacksonville FL 85 Zip Code 32224

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	COGGIN, LUTHER W.	
STREET ADDRESS	7400 BAYMEADOWS WAY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TS	☐ DELETE
NAME	MARLETTE, LINDA	
STREET ADDRESS	7400 BAYMEADOWS WAY SUITE 200	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	☐ DELETE
NAME	CHARLES, TOMM B	
STREET ADDRESS	7400 BAYMEADOWS WAY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☒ DELETE
NAME	HAWKINS, JOHN	
STREET ADDRESS	7400 BAYMEADOWS WAY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	NOBLE, NANCY D	
STREET ADDRESS	7400 BAYMEADOWS WAY, STE 200	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☒ DELETE
NAME	SETH, TODD	
STREET ADDRESS	7400 BAYMEADOWS WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	4306 Pablo Oaks Court	
1.4 CITY-ST-ZIP	Jacksonville FL 32224	
2.1 TITLE		☑ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	4306 Pablo Oaks Court	
2.4 CITY-ST-ZIP	Jacksonville FL 32224	
3.1 TITLE		☑ Change ☐ Addition
3.2 NAME	Tomm, Charlie (C.B.)	
3.3 STREET ADDRESS	4306 Pablo Oaks Court	
3.4 CITY-ST-ZIP	Jacksonville FL 32224	
4.1 TITLE	S	☐ Change ☐ Addition
4.2 NAME	Gallagher, Wilma S	
4.3 STREET ADDRESS	4306 Pablo Oaks Court	
4.4 CITY-ST-ZIP	Jacksonville FL 32224	
5.1 TITLE	DV	☑ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	4306 Pablo Oaks Court	
5.4 CITY-ST-ZIP	Jacksonville FL 32224	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Wilma S Gallagher Sec 1-17-97 904-992-4116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #