SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

FILED
Aug 04 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 # **384051** **(9)**

1. Corporation Name
DIMMITT CHEVROLET, INC.

Principal Place of Business	Mailing Address
25485 US HWY 19 N P.O. BOX 14759 CLEARWATER FL 34623	25485 US HWY 19 N P.O. BOX 14759 CLEARWATER FL 34623

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/16/1971	3a. Date of Last Report: 01/25/1996
4. FEI Number: 59-1353708	☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

LLOYD-WALLACE, CAMPBELL
25485 US HWY 19 N
CLEARWATER FL 34623

10. Name and Address of New Registered Agent

81 Name: Genia Dunn
82 Street Address (P.O. Box Number is Not Acceptable): 25485 U.S. Hwy 19 N.
83
84 City: Clearwater FL 85 Zip Code: 34623

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LLOYD-WALLACE, CAMPBELL		1.2 NAME	
STREET ADDRESS	25485 US HWY 19 N		1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	
TITLE	AST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KOPCIK, BONNIE A.		2.2 NAME	
STREET ADDRESS	25485 US HWY 19 N		2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 00000		2.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DIMMITT, LAWRENCE III		3.2 NAME	
STREET ADDRESS	25485 US HWY 19 N		3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FLORIDA00000		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DIMMITT, RICHARD R.		4.2 NAME	
STREET ADDRESS	25485 US HWY 19 N		4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DIMMITT, GENEVIEVE L		5.2 NAME	
STREET ADDRESS	25485 US HWY 19 N		5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (4/97)

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: Bonnie A Kopcik 7-29-97