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FILED
Mar 05 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 # 460563 (0)

1. Corporation Name
SAM TAYLOR BUICK-CADILLAC, INC.



Principal Place of Business Mailing Address
329 MIRACLE STRIP PKWY. SW FT.WALTON BEACH FL 32548 **329 MIRACLE STRIP PKWY. SW FT.WALTON BEACH FL 32548-5209**

3. Date Incorporated or Qualified **09/04/1974** 3a. Date of Last Report **05/01/1996**
 4. FEI Number **59-1547083** 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

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

9. Name and Address of Current Registered Agent
TAYLOR, W. SAMUEL
329 MIRACLE STRIP PARKWAY S.W.
FT. WALTON BEACH FL 32548

10. Name and Address of New Registered Agent
 81 Name **Karen Taylor Hutson**
 82 Street Address (P.O. Box Number is Not Acceptable) **329 miracle strip parkway S.W.**
 83
 84 City **Fort Walton Beach** FL 85 Zip Code **32548**

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 607.0605, Florida Statutes.

SIGNATURE *Karen Taylor Hutson* *Karen Taylor Hutson* **2/24/97**
Signature typed in printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DME

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CIANO, ANTHONY J.	
STREET ADDRESS	3641 BONNER ROAD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, W. SAMUEL	
STREET ADDRESS	1515 PINEHURST COVE	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HUTSON, KAREN TAYLOR	
STREET ADDRESS	200 WEST HWY 98 #102	
CITY-ST-ZIP	FT WALTON BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	President - Secretary - Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Karen Taylor Hutson* *Karen Taylor Hutson* **2/24/97** **904-244-5165**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)