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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 460563

(0)

SAM TAYLOR BUICK-CADILLAC, INC.

Principal Place of Business

SIGNATURE:

329 MIRACLE STRIP PKWY, SW FT.WALTON BEACH FL 32548

Mailing Address

329 MIRACLE STRIP PKWY. SW FT.WALTON BEACH FL 32548

## **FILED** Feb 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/04/1974

2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For	
21		26	26			<b>59-1547083</b> Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required	
City & State	9	City & State	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution	
Zip	Country Zip Co		Cour	ntry		8. This corporation owes or has paid the current year Intangible	
24			30	o		Personal Property Tax due June 30.  Yes No	
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent	
HUTSON, KAREN T				81	Name		
329 MIRACLE STRIP PARKWAY SW			T I	82 Street Address (P.O. Box Number is Not Acceptable)			
FT WALTON BCH FL 32548				_		<u> </u>	
				83			
			į.	84	City	85 Zip Code	
				丄		<b></b>	
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 it applicable. (NOTE: Registered Agent signature required when reinstalling)  DATE							
12.		ND DIRECTORS	13.	_		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D CIANO, ANTHONY J.	X DETELE	1,1 TIT		ĺ	☐ Change ☐ Addition	
NAME	3641 BONNER ROAD		1,2 NA		}		
STREET ADDRESS	PENSACOLA FL		1.3 STF	REET /	ADDRESS		
CITY - ST - ZIP		- Lacres	1,4 CIT		-ZIP		
TITLE	PST MATERIAN OF	☐ DELETE	2.1 TIT			ealer, President, Secretary THI Change Addition	
NAME	HUTSON, KAREN TAYLOR		2,2 NA		ΙK	aren Taylor-Hurson	
STREET ADDRESS	200 WEST HWY 98 #102 FT WALTON BCH FL				IDDRESS   9	The Junset Day Cincol	
CITY-ST-ZIP	FI WALTON BOTT FE	- Interpret	2. 4 CIT		T-ZIP	ealer President Secretary The Change Addition aren Taylor-Hutson II Sunset Bay CT. Shalimar, FL., 32579 - President	
TITLE		DELETE .	3.1 TITI		I V	- President , Change MAddition	
NAME			3.2 NA	-		DO DAIOM IXIX HUTSOD	
STREET ADDRESS					DDRESS Q	11 Sunset Buy CT Shalimar FL. 32579	
CITY-ST-ZIP		DELETE	3.4. CIT		- ZIP	Shalimar, FL. 32579 Change Addition	
TITLE		III pecere				Change L Addition	
NAME			4. 2 NA		000500		
STREET ADDRESS					ODRESS		
CITY-ST-ZIP TITLE		I DELETE	4,4 CIT		- ZIP	Change Addition	
NAME		Decere	5.2 NAM	-			
					DEDECC		
STREET ADDRESS					DORESS		
TITLE		DELETE	5.4 CITY 6.1 TITL		- 711-	☐ Change ☐ Addition	
			1		{	Change Addition	
NAME CTREET ADDRESS			6.2 NAA		DDOCCO		
STREET ADDRESS					DDRESS		
14. Lhereby c	ertify that the information supplied	with this filing does not qualify for	6.4 CIT			Section 119.07(3)(i), Fiorida 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							