COI	PROPRIED A	FLORIDA DEPA	RTMENT OF 3. Morthan ary of State	STATE	FILED Jan 29 1998 8:00am Secretary of State	
Principal Place	SIDE TOYOTA, INC.	Mailing Address 1310 CASSAT AVENUE JACKSONVILLE FLORIDA	32205-7045			
21 Suite, Apt	Mace of Business #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/12/1974 4. FEI Number 59-1552307 5. Certificate of Status Desired	Applied For Not Applicab \$8.75 Additional	
22 City & Stat	e Country	27     City & State     28		Election Campaign Financing     Trust Fund Contribution     B. This corporation owes or has paid the second contribution.	\$5.00 May Be Added to Fees	
124 PL		and 607.1508, Florida Statut of Florida. Such change was a tions of, Sectlon 607.0505, Flo		City e-named corp y the corporati	Personal Property Tax due June 30.  10. Name and Address of New Regist  ess (P.O. Box Number is Not Acceptable)  oration submits this statement for the purpo on's board of directors. I hereby accept the	FL 85 Zip Code use of changing its registered appointment as registered
10	Signature, typed or printed name of registered agent			ent signature require		ATE
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALMER, ERNEST R 1310 CASSAT AVE JACKSONVILLE, FL 00000	DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-5	F ADDRESS	ADDITIONS/CHANGES TO OFFICERS .	BAND DIRECTORS IN 12 Change Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PALMER, MICHAEL E. 1310 CASSAST AVE. JACKSONVILLE FL	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			Change Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PALMER, KEITH ALAN 1310 CASSAST AVE. JACKSONVILLE FL	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP			Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, JANETTE GAIL 1310 CASSAST AVE. JACKSONVILLE FL	<u>↓</u> DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY - S	ADDRESS		Change Addition
TITLE  NAME  STREET ADDRESS  GITY-ST-ZIP	D CLELAND, PAMELA PALMER 1310 CASSAST AVE. JACKSONVILLE FL	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY - S			Change Addition

14. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and adourate 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 yustee 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

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

MURED

1-13-98

☐ Change ☐ Addition