

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 FEB 28 PM 4:04

**DOCUMENT # 821246 (6)**

1. Corporation Name  
**DICK DEVOE BUICK-CADILLAC, INC.**

Principal Place of Business  
**4100 TAMMAM TRAIL NORTH  
P. O. BOX 1068  
NAPLES FL 33940**

Mailing Address  
**4100 TAMMAM TRAIL NORTH  
P. O. BOX 1068  
NAPLES FL 33940**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>03/14/1968</b>	3a. Date of Last Report <b>02/09/1994</b>
4. FEI Number <b>35-1051129</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**DEVOE, RICHARD H.  
3272 GREEN DOLPHIN LANE  
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DEVOE, RICHARD H	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVOE, RICHARD H	1.2 NAME	
STREET ADDRESS	3272 GREEN DOLPHIN LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D DEVOE, LUCILLE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVOE, LUCILLE	2.2 NAME	
STREET ADDRESS	5707 BROCKTON DR, APT 205	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS, IN 00000	2.4 CITY-ST-ZIP	
TITLE	SD DEVOE, MARY JANE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVOE, MARY JANE	3.2 NAME	
STREET ADDRESS	818 W RIVERSIDE, APT C-5	3.3 STREET ADDRESS	
CITY-ST-ZIP	MUNCIE, IN 00000	3.4 CITY-ST-ZIP	
TITLE	TD DEVOE, MARY JANE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVOE, MARY JANE	4.2 NAME	
STREET ADDRESS	818 W RIVERSIDE, APT C-5	4.3 STREET ADDRESS	
CITY-ST-ZIP	MUNCIE, IN 00000	4.4 CITY-ST-ZIP	
TITLE	STD DEVOE, BARBARA J (ASST)	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVOE, BARBARA J (ASST)	5.2 NAME	
STREET ADDRESS	3272 GREEN DOLPHIN LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	5.4 CITY-ST-ZIP	
TITLE	VD DEVOE, MARK A.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVOE, MARK A.	6.2 NAME	
STREET ADDRESS	1843 8TH ST. S.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 appointed 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: *Richard H. Devoe* **RICHARD H. DEVOE** 2/21/95 (813)261-1234  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone/Fax #)