

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 20 1996 8:00 am
Secretary of State

DOCUMENT # 821246 (6)

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



Principal Place of Business: **4100 TAMiami TRAIL, NORTH P. O. BOX 1098 NAPLES FL 33940**
Mailing Address: **4100 TAMiami TRAIL, NORTH P. O. BOX 1098 NAPLES FL 33940**

3. Date Incorporated or Qualified: **03/14/1968**
3a. Date of Last Report: **02/28/1995**

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

4. FEI Number: **35-1051129**
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

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 **FL** 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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETED
NAME	DEVOE, RICHARD H	
STREET ADDRESS	3272 GREEN DOLPHIN LANE	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	D	DELETED
NAME	DEVOE, LUCILLE	
STREET ADDRESS	5707 BROCKTON DR, APT 205	
CITY-ST-ZIP	INDIANAPOLIS, IN 00000	
TITLE	SD	DELETED
NAME	DEVOE, MARY JANE	
STREET ADDRESS	818 W RIVERSIDE, APT C-5	
CITY-ST-ZIP	MUNCIE, IN 00000	
TITLE	TD	DELETED
NAME	DEVOE, MARY JANE	
STREET ADDRESS	818 W RIVERSIDE, APT C-5	
CITY-ST-ZIP	MUNCIE, IN 00000	
TITLE	STD	DELETED
NAME	DEVOE, BARBARA J (ASST)	
STREET ADDRESS	3272 GREEN DOLPHIN LANE	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	VD	DELETED
NAME	DEVOE, MARK A.	
STREET ADDRESS	1843 8TH ST. S.	
CITY-ST-ZIP	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	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 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 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: *Richard H. Devoe* RICHARD H. DEVOE 2/9/96 941-649-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)