

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

**FILED**  
**Jan 30, 1999 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

01-30-1999 90008 008 \*\*\*\*150.00

**DOCUMENT # 821246**

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



DO NOT WRITE IN THIS SPACE

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**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DEVOE, RICHARD H	
STREET ADDRESS	3272 GREEN DOLPHIN LANE	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEVOE, LUCILLE	
STREET ADDRESS	5707 BROCKTON DR,APT 205	
CITY-ST-ZIP	INDIANAPOLIS, IN 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DEVOE, MARY JANE	
STREET ADDRESS	818 W. RIVERSIDE,APT C-5	
CITY-ST-ZIP	MUNCIE, IN 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DEVOE, MARY JANE	
STREET ADDRESS	818 W RIVERSIDE,APT C-5	
CITY-ST-ZIP	MUNCIE, IN 00000	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DEVOE, BARBARA J (ASST)	
STREET ADDRESS	3272 GREEN DOLPHIN LANE	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: Richard H. DeVoe Richard H. DeVoe 1/15/99 (941)261-1234  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)