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PROFIT - CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K39319 1. Corporation Name

RICK STARR LINCOLN-MERCURY, INC.

Mailing Address Principal Place of Business 5400 S. US 1 5400 S. US 1 FT PIERCE FL 34982-7370 FT PIERCE FL 34982-7370 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/14/1988 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0077994 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip 8. This corporation owes the current year Intangible Country Zip Yes 30 Personal Property Tax. 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent PHILLIPS, KENDALL J. Street Address (P.O. Box Number is Not Acceptable) 239 S. INDIAN RIVER DR. FT. PIERCE FL 34950

FILED Feb 12, 1999 8:00am **Secretary of State**

02-12-1999 90018 027 ***150.00



Applied For

·□No

Not Applicable

		84 City		FL	85 Zip Co	ode .
office or re	to the provisions of Sections 607.0502 and 607.1508, Florida Statute agistered agent, or both, in the State of Florida. Such change was aun familiar with, and accept the obligations of, Section 607.0505, Flori	thorized by the corpo	corporation submits this state pration's board of directors.	ment for the purpose of hereby accept the appo	changing its regi	egistered stered
SIGNATURE .	Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Agent signature re	equired when reinstating)	DATE		<u> </u>
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHAN	IGES TO OFFICERS A	ND DIRECTOR	S IN 12
TITLE	DP □ DELETE	1.1 TITLE	\$34 A 3 M		Change	☐ Addition
AME	STARR, RICHARD N.	1.2 NAME	, , , , , , , , , , , , , , , , , , , ,			
STREET ADDRESS	336 OCEAN WAY	1.3 STREET ADDRESS				
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP				
TITLE	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	•	2.2 NAME				
STREET ADDRESS		2.3 STREET ADDRESS				
CITY-ST-ZIP		2. 4 CITY-ST-ZIP				
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TITLE	. DELETE	5.1 TITLE	•		☐ Change	Addition
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CITY-ST-ZIP		5.4 CITY-ST-ZIP	\$\int \frac{1}{2} \int			
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NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS				
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<u> </u>			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

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