

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000085325 (7)

1. Corporation Name  
**GARBER BUICK-PONTIAC-GMC TRUCK, INC.**



Principal Place of Business  
**500-501 N ORANGE AVENUE  
GREEN COVE SPRINGS FL 32043  
US**

Mailing Address  
**315 WEST GENESEE AVE.  
SAGINAW MI 48602**

3. Date Incorporated or Qualified **12/09/1993** 3a. Date of Last Report **05/01/1995**

4. FEI Number **59-3216254** Applied For  Not Applicable

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

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

2a. Mailing Address  
**26** **GARBLR MANAGEMENT GROUP**  
Suite, Apt. #, etc.  
**27** **4855 STATE STREET, 3A**  
City & State  
**28** **SAGINAW, MI**  
Zip  
**29** **48603** Country  
**30**

9. Name and Address of Current Registered Agent  
**HARDEN, JANE B  
430 ORANGE AVE.  
GREEN COVE SPRINGS FL 32043**

10. Name and Address of New Registered Agent  
**81** Name **EARL C. TERRY, JR.**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83** **500-501 N. ORANGE AVE**  
**84** City **GREEN COVE SPRINGS** **FL** **85** Zip Code **32043**

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 *[Signature]* **EARL C. TERRY, JR. CONTROLLER** DATE **5-1-96**

12. OFFICERS AND DIRECTORS

TITLE	PV	<input type="checkbox"/> DELETE
NAME	GARBER, RICHARD J	
STREET ADDRESS	% 315 WEST GENESEE AVE	
CITY - ST - ZIP	SAGINAW MI 48602	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DICKEN, R. MICHAEL	
STREET ADDRESS	% 315 WEST GENESEE AVE	
CITY - ST - ZIP	SAGINAW MI 48602	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RICHARD J. GARBER, JR.	
1.3 STREET ADDRESS	4855 STATE STR, STE 3A	
1.4 CITY - ST - ZIP	SAGINAW, MI 48603	
2.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	R. MICHAEL DICKEN	
2.3 STREET ADDRESS	4855 STATE STR, STE 3A	
2.4 CITY - ST - ZIP	SAGINAW, MI 48603	
3.1 TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JAMES WALTERS	
3.3 STREET ADDRESS	500-501 N. ORANGE AVE.	
3.4 CITY - ST - ZIP	GREEN COVE SPRINGS, FL 32043	
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 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, unchanged, or as an attachment with an address.

SIGNATURE: *[Signature]* **R. MICHAEL DICKEN** DATE **4/30/96** (517) 790-9090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)