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Apr 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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  
GARBER MANAGEMENT GROUP  
4855 STAE STREET SUITE 3A  
SAGINAW MI 48603-3891  
US



3. Date Incorporated or Qualified: 12/09/1993  
3a. Date of Last Report: 05/01/1996  
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 State, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

9. Name and Address of Current Registered Agent  
TERRY, EARL C JR.  
500-501 N ORANGE AVENUE  
GREEN COVE SPRINGS FL 32043

10. Name and Address of New Registered Agent  
81 Name: RON HARRIS  
82 Street Address (P.O. Box Number is Not Acceptable):  
83 601 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 of this corporation 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 implications of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* 4/22/97 *[Signature]* RON HARRIS 4/22/97  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	GARBER, RICHARD J JR	
STREET ADDRESS	4855 STATE STREET, SUITE 3A	
CITY - ST - ZIP	SAGINAW MI 48603	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DICKEN, MICHAEL R	
STREET ADDRESS	4855 STATE STREET SUITE 3A	
CITY - ST - ZIP	SAGINAW MI 48603	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WALTERS, JAMES	
STREET ADDRESS	500-501 N. ORANGE AVE.	
CITY - ST - ZIP	GREEN COVE SPRINGS FL 32043	
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	<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 do 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 a 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: *[Signature]* R. Michael Dicken 4/18/97 517-790 9090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)