

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

**FILED**  
**Apr 29 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # V45866**  
 1. Corporation Name  
**T&G Auto Sales, Inc.**  
**1133 N. Woodland Blvd.**  
**DeLand FL 32724**

Principal Place of Business Mailing Address  
**1133 N. Woodland Blvd.**  
**DeLand FL 32724**

2. Principal Place of Business 2a. Mailing Address  
 21 **1133 N. Woodland Blvd** 26 **Same**  
 Suite, Apt. #, etc Suite, Apt. #, etc  
 22 City & State 27 City & State  
 23 **DeLand FL** 28  
 Zip Country Zip Country  
 24 **32724** 25 **FL** 29 **32724** 30 **FL**

3. Date Incorporated or Qualified **6/17/92** 3a. Date of Last Report **5/96**  
 4. FEI Number **59-3130478** 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

9. Name and Address of Current Registered Agent  
**Molle, Nanacy L.**  
**1915 Calle Alto Vista**  
**DeLand FL 32724**

10. Name and Address of New Registered Agent  
 81 Name **Anthony Molle**  
 82 Street Address (P.O. Box Number is Not Acceptable) **1915 Calle Alto Vista**  
 83  
 84 City **DeLand** 85 Zip Code **FL 32724**

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: *Anthony Molle* (NOTE: Registered Agent signature required when reinstating) DATE: **4-21-97**

12. OFFICERS AND DIRECTORS

TITLE	<b>President</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>Nancy Molle</b>
STREET ADDRESS	<b>1915 Calle Alto Vista</b>
CITY-ST-ZIP	<b>DeLand FL 32724</b>
TITLE	<b>Vice President</b> <input type="checkbox"/> DELETE
NAME	<b>Anthony Molle</b>
STREET ADDRESS	<b>1915 Calle Alto Vista</b>
CITY-ST-ZIP	<b>DeLand FL 32724</b>
TITLE	<b>Treasurer/Secretary</b> <input type="checkbox"/> DELETE
NAME	<b>Gary J. Hathaway</b>
STREET ADDRESS	<b>100 E. Kentucky E-105</b>
CITY-ST-ZIP	<b>DeLand FL 32724</b>
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	<b>President</b> <input checked="" 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	

**808092162178**  
**-05/01/97--01082--023**  
**\*\*\*165.00**

*4/29/97*

14. 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 included 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 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: *Anthony Molle* DATE: **4-21-97** DAYTIME PHONE #: **904-738-0821**

CR2E034 (9/96)