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Feb 27, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 122532

1. Corporation Name
LLOYD BUICK-CADILLAC, INC.

Principal Place of Business
354 NORTH BEACH STREET
DAYTONA BEACH FL 32114-3310

Mailing Address
354 NORTH BEACH STREET
DAYTONA BEACH FL 32114-3310

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1930

4. FEI Number
59-0216180

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1140 Pelican Bay Drive
Suite, Apt. #, etc.

26 1140 Pelican Bay Drive
Suite, Apt. #, etc.

22 City & State
23 Daytona Beach, FL 32119

27 City & State
28 Daytona Beach, FL

24 32119 25 Country

29 32119 30 Country

9. Name and Address of Current Registered Agent

LLOYD, ROBERT F
354 NORTH BEACH STREET
DAYTONA BEACH FL 32114

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/99

12. OFFICERS AND DIRECTORS

TITLE CD
NAME LLOYD, ROBERT F
STREET ADDRESS 120 BEACH ST W
CITY-ST-ZIP PONCE INLET FL

☐ DELETE

TITLE ST
NAME MACMILLAN, SCOTT D
STREET ADDRESS 112 MEADOWBROOK CIRCLE
CITY-ST-ZIP DAYTONA BEACH FL

☐ DELETE

TITLE PD
NAME LLOYD, WILLIAM S
STREET ADDRESS 6168 SHORELINE DRIVE
CITY-ST-ZIP PORT ORANGE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

6354 River Rd.
New Smyrna, FL 32169

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/99 (904) 756-0186

CR2E034 (1/198)