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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 147203 (4) 1. Corporation Name LYNCH-DAVIDSON MOTORS, INC. Principal Place of Business Mailing Address						
9850 ATLANT JACKSONVIL	TIC BLVD.	9650 ATLANTIC BLVD. JACKSONVILLE FL 322	25-8230			
				3. Date Incorporated or Qualified 06/01/1946	3a. Date of Last Report 03/05/1996	
2, Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number 59-0578156	Applied For Not Applicab	
Suite, Apt	#, etc	Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional	
22 City & State	——————————————————————————————————————	City & State			Fee Required	
City & State 23	υ	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for in	· 	
24	25 9. Name and Address of Curre	29 nt Registered Agent	30	10. Name and Address of New Re		
Nk	CHOLS, ROBERT C.		81 Name			\neg
	5 WALTER ST		82 Street Add	ress (P.O. Box Number is Not Acceptab	le)	\dashv
	JITE 1235 LCKSONVILLE FL 32202		83			
	IONOUNTILLE PL SEEVE				last 7's Code	_
			84 City		FL 85 Zip Code	
11. Pursuant office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607.1508, Florida Statu o of Florida. Such change was	ites, the above-named corp authorized by the corpora	poration submits this statement for the pation's board of directors. I hereby acception	ourpose of changing its registered to the appointment as registered	id
agent i a SIGNATURE	ım tamıllar with, and accept the oblig	jations of, Section 607.0505, F	iorida Statutes.			-
	Signature, Typed or providiname of registered ag	ingt and title if applicable. (NO NO DIRECTORS	TE: Registered Agent signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	
12.	OFFICERS AN	DELETE DELETE	1.1 FITLE	ADDITIONS/CHANGES TO OFFIC	Change Additi	ion §
NAME	DAVIDSON, FIELD A		1.2 NAME		•	
STREET ADDRESS	9650 ATLANTIC BLVD.		1.3 STREET ADDRESS			١
C-17 - 51 - 71P	JACKSONVILLE FL PD	Touest	1.4 CITY-ST-ZIP		Change Additi	}
TITLE NAME	DAVIDSON, MICHAEL F	☐ DELETE	2.1 TITLE 2.2 NAME		Change Additi	יווייי
STREET ADDRESS	9650 ATLANTIC BLVD.		2.3 STREET ADDRESS			
CITY-ST ZIP	JACKSONVILLE FL		2. 4 CITY - ST - ZIP			Ì
TITLE	80	☐ DELETE	3.1 TITLE		☐ Change ☐ Additi	ion
name	NICHOLS, ROBERT C.		3.2 NAME			-
STREET ADDRESS	9650 ATLANTIC BLVD.	,	3.3 STREET ADDRESS			- [
CITY ST-ZIF	JACKSONVILLE FL	☐ DELETE	3.4. CITY-ST-ZIP		Change Additi	
10101		L DECETE	4 1 TITLE 4. 2 NAME		Containing Control	"
NAME STRELL ADORESS			4.2 NAME 4.3 STREET ADDRESS			-
CITY-S*-7IP			4.4 City-ST-ZIP			
Till		DELETE	5.1 TiTLE	······································	☐ Change ☐ Additi	ion
NAM:			5.2 NAME			
STHEET ADDRESS			5 3 STREET ADDRÉSS			1
CITY: ST: 74°		······	5.4 CITY-ST-ZIP			
MILE	{	☐ DELETE	6.1 TITLE		Change Addit	ion
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
C(TY-S1-7IP 14. Ldo here	by certify that the information supply	ed with this filing does not qua	6.4 CITY-ST-ZIP	d in Section 119.07(3)(i), Florida Statute	is. I further certify that the	

14. I do nereby 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 supplimental 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 Change 607. Florida Statutes; and that my name appears in Block 12 or Block in the hanges, or by an effectment with a address.

SIGNATURE:

TYPIU ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

FILED

May 14 1997 8:00am

Secretary of State

725-3060

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