

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90130 021 \*\*\*158.75

DOCUMENT # 147203

1. Corporation Name

LYNCH-DAVIDSON MOTORS, INC.

Principal Place of Business

9650 ATLANTIC BLVD.  
JACKSONVILLE FL 32225

Mailing Address

9650 ATLANTIC BLVD.  
JACKSONVILLE FL 32225



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1946

4. FEI Number

59-0578156

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

□

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax

□ Yes

X No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

NICHOLS, ROBERT C.

~~225 WALTER ST~~

~~SUITE 1235~~

JACKSONVILLE FL ~~32202~~

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85

Zip Code  
32225

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

3-11-99

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DAVIDSON, FIELD A  
9650 ATLANTIC BLVD.  
JACKSONVILLE FL

□ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
DAVIDSON, MICHAEL F  
9650 ATLANTIC BLVD.  
JACKSONVILLE FL

□ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
NICHOLS, ROBERT C.  
9650 ATLANTIC BLVD.  
JACKSONVILLE 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

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
□ Change □ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
□ Change □ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
□ Change □ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
□ Change □ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
□ Change □ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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

ROBERT C. NICHOLS

3-11-99

9047253060

CR2E034 (11/98)