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

PROFIT CORPORATION ANNUAL REPORT

1998

BAKER, TRINA R

1509 FRASER RD

**GREEN COVE SPGS FL** 

STREE1 ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-\$1-ZIP

TITLE

NAME

NAME



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

227812

(5)

revels Chrysler Plymouth Dodge Jeep Eagle, Inc.

Principal Place 141 WEST MAI STARKE FL 32	of Business  SON STREET	Mailir 141 \	Mailing Address  141 WEST MADISON STREET STARKE FL 32901				DO NOT WRITE IN THIS SPACE						
2. Principal Pla	ice of Business	1:27	ailing Address					Incorporated or 0 10/1959	ualified	poRes	le	-9-15-	
21	ice of bosiness	26	1 · · · · · · · · · · · · · · · · · · ·					<del>9-0873038-5</del> 1	-3211	136		plied For t Applicable	
Suite, Apt #	, etc		Suite, Apt. #, etc.			<del>,,</del> -						8.75 Additional Fee Required	
City & State		City & State					6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees						
Zip 24	Country 25	7 <sub>1</sub>		Cour 30	try		Persi	corporation owes onal Property Tax	due June 30	o. 🔟	Yes 🗆	angible ] No	
	9. Name and Address of Cui	rent Register	d Agent		81		10, Nam	e and Address o	New Regi	stered Age	ent		
11. Pursuant to	en COVE SPRINGS FL 3200 the provisions of Sections 607. gistered agent, or both, in the Sinfamiliar with, and accept the of	0502 and 607.	1508, Florida Stati Such change was ection 507,0505, f	utes, the ab	94 over by	City -named corpora	poration sub tion's board	mits this statemen of directors. I here	t for the pur		Zip C anging its tment as		
SIGNATURE	ignature, typied or product name of logic lens	Lagent med tele if ap	pleable (NC	Olt Registered	Ager	nt signature requ	red when reinstat	ting)		DATE	<del></del>	<del></del>	
12.		AND DIHECTO		13.			ADDIT	TIONS/CHANGES	TO OFFICE				
NAME STREET ADDRESS CITY-ST-ZIP	PD REVELS, CLAYTON E FRASER RD 1530 GREEN COVE SPRGS FL		□ DELETE	1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT	AE Eet a	ADDRESS					] Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REVELS, MILDRED M. FRASER RD 1530 GREEN COVE SPRGS FL			2.1 TITI 2.2 NAI	E Ae Eet A	ADDRESS			<del></del>		Change	Addition	
TITLE  NAME  STREET ADDRESS  CITY-S1-249	D BROWN, RHONDA 1530 FRASER RD. GREEN COVE SPGS. FL		DELETE	3 1 TITU 3.2 NAI	E Me Eet A	ADORESS					Change	Addition	

14. Thereby 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 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 it changed, or or an attrictiment with an address.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5 3 STREET ADDRESS 5 4 CITY - ST - ZIP

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

DELETE

DELETE

DELETE

SIGNATURE: A Sielel X/ Deck Det Jam 1/20/98 904-284-4727

ZE034 (10/97)

Change

Change

Change

Addition

Addition

☐ Addition

**FILED** 

Feb 26 1998 8:00am

Secretary of State