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May 01 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 # 231006

(8)

1. Corporation Name

STARLING CHEVROLET INC

Principal Place of Business

2499 N. ORANGE BLOSSOM TRAIL
P.O. BOX 421150
KISSIMMEE FL 34744

Mailing Address

2500 N. ORANGE BLOSSOM TRAIL
P.O. BOX 421150
KISSIMMEE FL 34744-1884
US

3. Date Incorporated or Qualified

12/11/1959

3a. Date of Last Report

01/30/1996

2. Principal Place of Business

21 2500 N. Orange Blossom Tr.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Kissimmee, Florida

28 City & State

Kissimmee, Florida

24 Zip

34744

25 Country

US

29 Zip

34744

30 Country

US

4. FEI Number

59-0895966

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

STARLING, ALAN C
2499 N. ORANGE BLOSSOM TRAIL
KISSIMMEE FL 32744

10. Name and Address of New Registered Agent

81 Name

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

2500 N. Orange Blossom Trail

84 City

Kissimmee

FL

85 Zip Code

34744

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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STARLING, ALAN C
STREET ADDRESS 2500 N ORANGE BLOSSOM TR
CITY- ST- ZIP KISSIMMEE FL

TITLE ☐ DELETE

NAME VD
STARLING, GRACE
STREET ADDRESS 2500 N ORANGE BLOSSOM TR
CITY- ST- ZIP KISSIMMEE FL

TITLE ☐ DELETE

NAME TD
STARLING, BRUCE
STREET ADDRESS 2500 N ORANGE BLOSSOM TR
CITY- ST- ZIP KISSIMMEE FL

TITLE ☐ DELETE

NAME S
SCHOFF, LUCY S.
STREET ADDRESS 2500 N ORANGE BLOSSOM TR
CITY- ST- ZIP KISSIMMEE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97 (407) 933-8000

0462960

CR2E034 (9/96)