FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 19 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 # **241338** **(3)**

1. Corporation Name
STINNETT'S PONTIAC SERVICE, INC.

Principal Place of Business	Mailing Address
5005 S TAMIAMI TRAIL SARASOTA FL 34231	5005 S TAMIAMI TRAIL SARASOTA FL 34231-5500

3. Date Incorporated or Qualified: **10/20/1960**
3a. Date of Last Report: **06/12/1996**

4. FEI Number: **59-0918978** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 2114 BISPHAM ROAD	26 2114 BISPHAM ROAD
Suite, Apt. #, etc. 22 SUITE 4	Suite, Apt. #, etc. 27 SUITE 4
City & State 23 SARASOTA FL.	City & State 28 SARASOTA FL.
Zip / Country 24 34231-5500 25 SARASOTA	Zip / Country 29 34231-5500 30 SARASOTA

9. Name and Address of Current Registered Agent

STINNETT ROBERT J
5005 S TRAIL
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name: STINNETT ROBERT J
82 Street Address (P.O. Box Number is Not Acceptable): SUITE 4 2114 BISPHAM ROAD
83
84 City: SARASOTA **FL** 85 Zip Code: 34231-5500

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 hereby accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Robert Stinnett
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	OLSEN,GLENNA S		1.2 NAME		
STREET ADDRESS	5005 S TAMIAMI TRAIL		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		
TITLE	DS	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STINNETT,ROBERT J		2.2 NAME		
STREET ADDRESS	5005 S TAMIAMI TRAIL		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE	PTD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STINNETT, GAY		3.2 NAME		
STREET ADDRESS	5005 S TAMIAMI TRAIL		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		
TITLE	PTD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STINNETT GAY		4.2 NAME		
STREET ADDRESS	2114 BISPHAM ROAD SUITE 4		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL. 34231-5500		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 on an attachment with an address.

SIGNATURE: Ray Stinnett 3-11-97 941-966-1107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

042368