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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -3 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 241759 (0)

1. Corporation Name
JOHNSON CHRYSLER-PLYMOUTH, INC.

Principal Place of Business	Mailing Address
2633 SOUTH US 1 PO BOX 1090 FT PIERCE FL 34954	2633 SOUTH US 1 PO BOX 1090 FT PIERCE FL 34954

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/04/1960
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 59-0918174 ☐ 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

JOHNSON, MARY ELLEN
2633 S. U.S. HWY. 1, P.O. BOX 1090
FORT PIERCE FL 34954

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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: (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	PD	11 TITLE	☒ Change ☐ Addition
NAME	JOHNSON, MARY ELLEN	12 NAME	
STREET ADDRESS	150R CORONADO AVENUE	13 STREET ADDRESS	1504
CITY-ST-ZIP	FT PIERCE, FL 33450	14 CITY-ST-ZIP	34982
TITLE	DAS	21 TITLE	☒ Change ☐ Addition
NAME	O'QUINN, MARJORIE	22 NAME	
STREET ADDRESS	1501 CORONADO AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	24 CITY-ST-ZIP	34982
TITLE	TVD	31 TITLE	☒ Change ☐ Addition
NAME	JOHNSON, JANE ELLEN	32 NAME	
STREET ADDRESS	11321 NW 4TH ST	33 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	34 CITY-ST-ZIP	33325
TITLE	SD	41 TITLE	☒ Change ☐ Addition
NAME	RITCHIE, MARY ANNE J	42 NAME	
STREET ADDRESS	610 WISTERIA AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	44 CITY-ST-ZIP	34982
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report is voluntarily furnished and 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, added or deleted.

SIGNATURE: Mary Ellen Johnson 2/23/95 (407) 466-6000
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Telephone Number
MARY ELLEN JOHNSON PRESIDENT/DIRECTOR

0463843 FP