2000 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2000 8:00 am **DOCUMENT # 244607 Secretary of State** 1. Entity Name KENDRICK - ROWELL OLDSMOBILE - BUICK, INC. 02-11-2000 90036 046 ***150.00 Principal Place of Business Mailing Address 636 W. 15TH STREET 636 W. 15TH STREET PANAMA CITY FL 32401 PANAMA CITY FLA 32401-2237 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-0917157 Not ≙բբեն Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KENDRICK, FRANK W Street Address (P.O. Box Number is Not Acceptable) 207 HOLLIS AVE. PANAMA CITY FL 32401 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May 1 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. STD TITLE ☐ Defete TITLE ROWELL, REX R. JR. NAME STREET ADDRESS STREET ADDRESS 333 BUNKERS COVE RD. 32401 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY, FL 00000 ☐ Change TITLE Defete NAME KENDRICK, FRANK W. NAME STREET ADDRESS STREET ADDRESS 207 HOLLIS AVE CITY-ST-7IP CITY-ST-ZIP 32401 PANAMA CITY, FL 00000 ☐ Change TITI F Delete TITLE KENDRICK, FRANK W JR NAME NAME STREET ADORESS STREET ADDRESS .137_DERBY_WOODS:DR--- - -CITY-ST-ZIP CITY-ST-7IP 32444 LYNN HAVEN FL \Box Change TITLE ☐ Delete TITLE ROWELL, ROTH NAME STREET ADDRESS STREET ADDRESS 321 BUNKERS COVE ROAD CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32401 \Box Change TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P Change □ *-Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 indicated on this 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 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 11 or Block

FILED

1/10/00