FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
1995 MAR -2 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **249663** **(6)**

1. Corporation Name
JIM RATHMANN CHEVROLET-CADILLAC, INC.

Principal Place of Business	Mailing Address
800 S.HARBOR CITY BLVD MELBOURNE FL 32901	800 S.HARBOR CITY BLVD MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/26/1961**
3a. Date of Last Report: **02/21/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-0935003** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FALLACE, JAMES H.
1900 S. HICKORY STREET
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	RATHMANN, JAMES T	12 NAME	900001423229
STREET ADDRESS	3900 N. RIVERSIDE DR.	13 STREET ADDRESS	-03/07/95--01100--012
CITY-ST-ZIP	INDIALANTIC, FL 00000	14 CITY-ST-ZIP	***1000.00 ****200.00
TITLE	DC	21 TITLE	☐ Change ☐ Addition
NAME	RATHMANN, RICHARD R	22 NAME	
STREET ADDRESS	3950 N. RIVERSIDE DR.	23 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	24 CITY-ST-ZIP	
TITLE	DSV	31 TITLE	☐ Change ☐ Addition
NAME	RATHMANN, CAROLYN	32 NAME	
STREET ADDRESS	RATHMANN, CAROLYN J.	33 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	SANDLER, GLENN S	42 NAME	
STREET ADDRESS	S. HARBOR CITY BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	44 CITY-ST-ZIP	
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	

DMA 3-2

14. I do hereby certify that the information supplied with this filing is true 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 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 is added in an attachment with an address.

SIGNATURE: _____ 1-27-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0066881 CP