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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90100 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 279035

1. Corporation Name
SANDY SANSING CHEVROLET, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 6200 PENSACOLA BLVD. PENSACOLA FL 32505 US
 Mailing Address: 6200 PENSACOLA BLVD PO BOX 17448 PENSACOLA FL 32522-4448

3. Date Incorporated or Qualified: 02/27/1964

4. FEI Number: 59-1058938 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 owes the current year Intangible Personal Property Tax: Yes No

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

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

9. Name and Address of Current Registered Agent: SANSING, ROBERT C. 6200 PENSACOLA BLVD PENSACOLA FL 32505

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

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 _____ 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: PD	DELETE <input type="checkbox"/>	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME: SANSING, ROBERT C.		1.2 NAME	
STREET ADDRESS: 4875 MANOLETE DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP: PENSACOLA FL		1.4 CITY-ST-ZIP	
TITLE: ST	DELETE <input checked="" type="checkbox"/>	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME: MCLELLAN, JOHN C		2.2 NAME	
STREET ADDRESS: 4525 DEERFIELD DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP: PENSACOLA FL		2.4 CITY-ST-ZIP	
TITLE:	DELETE <input type="checkbox"/>	3.1 TITLE: ST	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME:		3.2 NAME: Michael Addison	
STREET ADDRESS:		3.3 STREET ADDRESS: 831 Shadowridge Drive	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP: Pensacola, FL 32514	
TITLE:	DELETE <input type="checkbox"/>	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP	
TITLE:	DELETE <input type="checkbox"/>	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE:	DELETE <input type="checkbox"/>	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *Robert C. Sansing* ROBERT C. Sansing ✓ 1-21-99 850-476-2400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)