FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **283526** **(2)**

1. Corporation Name

REGISTER CHEVROLET & OLDSMOBILE INC

Principal Place of Business	Mailing Address
~~401 S BROAD ST~~ ~~P. O. BOX 1536~~ ~~BROOKSVILLE FL 34601~~	~~401 S BROAD ST~~ ~~P. O. BOX 1536~~ ~~BROOKSVILLE FL 34601~~

2. Principal Place of Business 21 14181 Cortez Blvd	2a. Mailing Address PO Box 1536 26 14181 Cortez Blvd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Brooksville, Fl	City & State 28 Brooksville, Fl
Zip / Country 24 34613 / 25 Hernando	Zip PO Box / Country 29 34605 / 30 Hernando

3. Date Incorporated or Qualified 07/01/1964	3a. Date of Last Report 04/17/1995
4. FEI Number 59-1054762	☐ 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

~~REGISTER,MAX~~
~~290 E FT DADE AVE~~
~~BROOKSVILLE FL 33512~~

10. Name and Address of New Registered Agent

81 Name: MAX REGISTER
82 Street Address (P.O. Box Number is Not Acceptable): 9863 Domingo Drive
83
84 City: Brooksville, **FL** 85 Zip Code: 34601

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	1.1 TITLE	☐ Change ☐ Addition
NAME	REGISTER,MAX		1.2 NAME	
STREET ADDRESS	9863 DOMINGO DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOOKSVILLE FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	REGISTER,MYRA NELL		2.2 NAME	
STREET ADDRESS	9863 DOMINGO DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	REGISTER,MYRA NELL		3.2 NAME	
STREET ADDRESS	9863 DOMINGO DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	REGISTER,MAX		4.2 NAME	
STREET ADDRESS	290 E FT DADE AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, DEBRA NELL		5.2 NAME	
STREET ADDRESS	427 EDERINGTON DR		5.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL		5.4 CITY-ST-ZIP	200001788752
TITLE	D	☐ DELETE	6.1 TITLE	-04/22/96--01046--018 ☐ Change ☐ Addition
NAME	MORRILL, VICKI LYNN		6.2 NAME	***200.00
STREET ADDRESS	506 COLONIAL DR		6.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE, FL 00000		6.4 CITY-ST-ZIP	4-21-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 4/9/96 352-519-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)