FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name

Principal Place of Business

285419

(8)

PALM CHEVROLET-OLDSMOBILE, INC.

Mailing Address

FILED Apr 23 1998 8:00am Secretary of State

1901 TAMIAMI TRAIL S. PUNTA GORDA FL 33950		1901 tamiami trail S. Punta gorda fl 33950				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/28/1964 4. Fet Number	
2. Principal Place of Business 2a. Mailing Address							
21		26				Арриссто	
Suite, Apt. #. etc		Suite, Apt #, etc				CO 75	
22		27				5. Certificate of Status Desired Fee Required	
City & State	o	City & State				6. Election Campaign Financing \$5.00 May Be	
3		28			Trust Fund Contribution Added to Fees		
Zip ⊐	Country	Zip	Count	try		8. This corporation owes or has paid the current year Intangible	
4	25	29	30			Personal Property Tax due June 30. 🖫 Yes 🔲 No	
	9. Name and Address of Currer	it Registered Agent				10. Name and Address of New Registered Agent	
HELPHENSTINE,ROBERT B				31	Name		
190)1 Tamiami trial	62		2	Street Addre	ress (P.O. Box Number is Not Acceptable)	
PUNTA GORDA FL 33950							
			8	3			
			-	14		10-1-2: 0.1	
			8	*	City	FL 85 Zip Code	
12.	Signature hypoid or pointed name of injustment age OFFICERS AN	DIRECTORS	13.	_		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VDS	DELETE	1.1 TITLE	 E		Change Addition	
NAME	HELPHENSTINE, JO ANN P		1.2 NAM	E			
STREET ADDRESS	5570 RIVERSIDE DRIVE		13 STRE	ET /	ADDRESS		
CITY-ST ZIP	PUNTA GORDA, FL 00000		14 CITY	- 51	! - ZIP		
TITLE	T	DELETE		21 TITLE		Change Addition	
NAME	HELPHENSTINE, JO ANN P		22 NAM	E			
STREET ADDRESS	5570 RIVERSIDE DRIVE		2.3 STRE	£1 /	ADDRESS		
CITY-ST-7IP	PUNTA GORDA, FL 00000		2 4 CITY	/-S1	F-ZIP	••	
TOLE	PD	DELETE	31 TITLE	-		Change Additio	
NAME	HELPHENSTINE, ROBERT B		3.2 NAM	E			
STREET ADDRESS	5570 RIVERSIDE DRIVE		3.3 STRE	ET /	address		
CITY - ST - ZIP	PUNTA GORDA, FL 00000		3.4 CITY	r- \$1	r-zip		
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Additio	
NAME			4. 2 NAM	AE.			
STREET ADDRESS			4.3 STRE	£1.4	ADDRESS		
CITY - ST - 7IP			4 4 CITY		- ZIP		
THILE		☐ DELETE	51 TITLE	-		Change Additio	
NAME			52 NAMI	E			
STREET ADDRESS			5 3 STRE	ET #	ADDRESS		
CITY-SI-ZIP			5.4 City		· ZIP		
TITLE		DELETE	6.1 TITLE			Change Additio	

14. 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 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 it changed, or on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

NAME STREET ADDRESS

CITY-ST-ZIP