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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 AM 9:41

DOCUMENT # 294409

(8)

1. Corporation Name

DIXIE BUICK GMC TRUCK, INC.

Principal Place of Business

P.O. BOX 60165
14565 S. TAMiami TRAIL
FORT MYERS FL 33906
US

Mailing Address

P.O. BOX 60165
14565 S. TAMiami TRAIL
FORT MYERS FL 33906
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/30/1965

3a. Date of Last Report
01/24/1994

4. FEI Number
59-1100101

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADKINS ROBERT C
14565 S. TAMiami TRAIL
FORT MYERS FL 33912

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY ST ZIP
PD
ADKINS, ROBERT
3944 W. RIVERSIDE DR.
FORT MYERS, FL 00000

2. TITLE
NAME
STREET ADDRESS
CITY ST ZIP
VST
ADKINS, MARILYN H
3944 W. RIVERSIDE DR.
FORT MYERS, FL 00000

3. TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4. TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5. TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6. TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

2. 2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

3. 3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

4. 4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

5. 5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

6. 6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

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 190.02(9)(b), 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, custodian, or assignee of the corporation, and that my name appears in Block 12 or Block 13 of this report, or an appointment with an address.

SIGNATURE:

Robert C Adkins

Robert C Adkins

1/09/95

Date

(813) 469-0600

(Optional Phone #)