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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 314495

SWANSON CHRYSLER PLYMOUTH INC

Principal Plac	ce of Business	Mailing Address	· ·		a imdide filme ildit dien diend ibide dien film	WISH BISH WISH B	1.611 6.611 1881
2500 - 34TH S	STREET NORTH	P. O. BOX 387			·		
ST PETERSBU	RG FL 33713	PINELLAS PARK FL 33781					
		US ·			DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed 03/03/1967		·, ·
2. Principal F	Place of Business	2a, Mailing Address			4. FEI Namber	Ар	plied For
21	1	26			59-1170244	No	ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	I .
City & Sta	ite	City_&_State		. • •	6. Election Campaign Financing	\$5.00	May Be
23	· .	28	-		Trust Fund Contribution	Added t	
Zip	Country	Zip	Countr	у	8. This corporation owes the current year I	ntangible	
24	25	29 3	30		Personal Property Tax.	ıŽYes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent	
SWA	ANSON, COSBY J	•	81	Name			
	35TH AVE N	er er i	82	2 Street Addre	ess (P.O. Box Number is Not Acceptable)		· · · · · · · · · · · · · · · · · · ·
	PETERSBURG FL 33704				1. TE. BE tet De voore beite beite imit. bie Mige	1 S (\$ 14 A+ 2) * E) TO 2	र्वेद्धाः कृष्यम् रक्ष
01.			83	3		5	
			84	4 City	=	85 Zip 0	Code
2500 - Settle S	TATET SUBDICE	7 5 4: 209 cc.	1 1 1 1 1		oration submits this statement for the purpose of		
III., Fulbualit	to the biodisions of Sections our 10302	. and our noon, cionda Statutes	s, tile abov	ve-nameu corpi	oration submits this statement for the purpose t	n changing its	registered
agent. I a	am familiar with⊱and accept the obligati	of Florida. Such change was autions of, Section 607.0505, Florid	horized by da Statute:	y the corporatio s.	on's board of directors. I hereby accept the app	ointment as reg	gistered
office or agent. I a	am familiar with and accept the obligati	ions of, Section 607.0505, Florid	da Statute:	s.	and the second second	ointment as reg	gistered
agent. I a	am familiar with; and accept the obligati இந்தி இந்தி Signature, typed or printed name of registered agent	ions of, Section 607.0505, Florid and title if applicable. (NOTE: Re	da Statute:	s.	d when reinstating)	-	
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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 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP.

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90050 021 ***150.00