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Jan 28, 1999 8:00am
Secretary of State

01-28-1999 90050 021 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 314495

1. Corporation Name
SWANSON CHRYSLER PLYMOUTH INC

Principal Place of Business
2500 - 34TH STREET NORTH
ST PETERSBURG FL 33713

Mailing Address
P. O. BOX 387
PINELLAS PARK FL 33781
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/03/1967

4. FEI Number
59-1170244

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

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

SWANSON, COSBY J
803 35TH AVE N
ST. PETERSBURG FL 33704

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 reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

SWANSON, COSBY, JR

STREET ADDRESS

2500 34TH ST N.

CITY-ST-ZIP

ST PETERSBURG, FL 00000

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE

VD

☐ DELETE

NAME

SWANSON, COSBY III

STREET ADDRESS

2500 34TH ST N.

CITY-ST-ZIP

ST PETERSBURG, FL 00000

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE

S

☐ DELETE

NAME

SILVERS, DEAN W.

STREET ADDRESS

2500.34 ST N

CITY-ST-ZIP

ST PETERSBURG, FL 00000

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE

L

☐ DELETE

NAME

LOCKWOOD, JOHN E

STREET ADDRESS

2500.34 ST N

CITY-ST-ZIP

LARGO FL

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

SWANSON, CHARLES

STREET ADDRESS

2500 34 ST N

CITY-ST-ZIP

ST. PETERSBURG FL

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

VD

☐ DELETE

NAME

ST PETERSBURG

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

ST PETERSBURG

CITY-ST-ZIP

VD

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)