PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP 24 AM 11:36

DOCUMENT # ***** A M E N D E D ****** 324611

1. Corporation Name
ADVANTAGE FORD OF STUART, INC.

Principal Place of Business
4501 SE Federal Highway
Stuart, FL 34997

Mailing Address
4501 SE Federal Highway
Stuart, FL 34997

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/67

4. FEI Number: 59-1199240 — 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	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

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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	
TITLE	P ☒ DELETE	1.1 TITLE	President and Director ☐ Change ☒ Addition
NAME	Dorsey, T. D.	1.2 NAME	Grace, Princeston
STREET ADDRESS	1455 Lincoln Parkway, Suite 450	1.3 STREET ADDRESS	4501 SE Federal Highway
CITY-ST-ZIP	Atlanta, GA 30346	1.4 CITY-ST-ZIP	Stuart, FL 34997
TITLE	DV ☒ DELETE	2.1 TITLE	Vice President and Director ☐ Change ☒ Addition
NAME	Kilbride, B. L.	2.2 NAME	Matthews, Irving J.
STREET ADDRESS	300 Renaissance Center	2.3 STREET ADDRESS	4501 SE Federal Highway
CITY-ST-ZIP	Detroit, MI 48243	2.4 CITY-ST-ZIP	Stuart, FL 34997
TITLE	ASD ☒ DELETE	3.1 TITLE	Vice President and Director ☐ Change ☒ Addition
NAME	Creamean, W. A.	3.2 NAME	Dorsey, T. D.
STREET ADDRESS	300 Renaissance Center	3.3 STREET ADDRESS	1455 Lincoln Parkway, Suite 450
CITY-ST-ZIP	Detroit, MI 48243	3.4 CITY-ST-ZIP	Atlanta, GA 30346
TITLE	D ☒ DELETE	4.1 TITLE	Secretary and Treasurer ☐ Change ☒ Addition
NAME	Kataria, B. P.	4.2 NAME	Childs, L. C.
STREET ADDRESS	300 Renaissance Center	4.3 STREET ADDRESS	1455 Lincoln Parkway, Suite 450
CITY-ST-ZIP	Detroit, MI 48243	4.4 CITY-ST-ZIP	Atlanta, GA 30346
TITLE	☐ DELETE	5.1 TITLE	Director ☐ Change ☒ Addition
NAME		5.2 NAME	Garrett, A. J.
STREET ADDRESS		5.3 STREET ADDRESS	1455 Lincoln Parkway, Suite 450
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Atlanta, GA 30346
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

JB 9/24

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: Thomas D Dorsey Thomas D. Dorsey V. Pres. — July 3, 1999 — (770) 698-2691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #