

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90082 010 \*\*\*150.00

DOCUMENT # 362039

1. Corporation Name

JACK CARUSO'S REGENCY DODGE, INC.

Principal Place of Business

9875 ATLANTIC BLVD  
JACKSONVILLE FL 32225  
US

Mailing Address

9875 ATLANTIC BLVD  
JACKSONVILLE FL 32225-6552  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1970

4. FEI Number

59-1287755

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

21 10979 Atlantic Blvd

Suite, Apt. #, etc.

2a. Mailing Address

26 10979 Atlantic Blvd

Suite, Apt. #, etc.

City & State

23 Jacksonville, FL

Zip

24 32225

Country

25 US

City & State

28 Jacksonville, FL

Zip

29 32225

Country

30 US

9. Name and Address of Current Registered Agent

CARUSO, J E  
9875 ATLANTIC BLVD.  
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name

J. E. Caruso

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

10979 Atlantic Blvd

83

City

Jacksonville

FL

85 Zip Code

32225

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: J. E. CARUSO

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/14/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CARUSO, J E  
STREET ADDRESS 9875 ATLANTIC BLVD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD ☐ DELETE

NAME CARUSO, JOHN MICHAEL  
STREET ADDRESS 9875 ATLANTIC BLVD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD ☐ DELETE

NAME CARUSO, JO ANN  
STREET ADDRESS 9875 ATLANTIC BLVD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE S ☐ DELETE

NAME BRUNET, MARISA  
STREET ADDRESS 9875 ATLANTIC BLVD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VP ☐ DELETE

NAME REYNOLDS, DEBORA C.  
STREET ADDRESS 9875 ATLANTIC BLVD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VP ☐ DELETE

NAME MICHAELS, TERRI C.  
STREET ADDRESS 9875 ATLANTIC BLVD.  
CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 10979 Atlantic Blvd  
1.4 CITY-ST-ZIP Jacksonville, FL 32225

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 10979 Atlantic Blvd  
2.4 CITY-ST-ZIP Jacksonville, FL 32225

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 10979 Atlantic Blvd  
3.4 CITY-ST-ZIP Jacksonville, FL 32225

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS 10979 Atlantic Blvd  
4.4 CITY-ST-ZIP Jacksonville, FL 32225

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS 10979 Atlantic Blvd  
5.4 CITY-ST-ZIP Jacksonville, FL 32225

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS 10979 Atlantic Blvd  
6.4 CITY-ST-ZIP Jacksonville, FL 32225

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: J. E. CARUSO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99 904-642-5600

DATE Daytime Phone #

CR2E034 (11/98)

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