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

**PROFIT** CORPORATION ANNUAL REPORT 1998 DOCUMENT # 362605 LAKE NISSAN SALES, INC. Principal Place of Business 10234 UW HWY 441 S LEESBURG FL 34788 2. Principal Place of Business 21 Suite, Apt. #, etc. 22

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(8)

## FILED Jan 22 1998 8:00am Secretary of State

Mailing Address 10234 UW HWY 441 S LEESBURG FL 34788 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/14/1970 2a. Mailing Address 4. FEI Number Applied For 59-1292077 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ☐ No 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BAKICH, MILAN Name RT-10-BOX-178 82 LEESBURG FL 32748 83 84 City 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Stgnature, typed or printed name of registered agent and title it applicable (NO1E: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PDV Addition TITLE ☐ DELETE 1.1 TITLE Change **BAKICH, MILAN** NAME 1.2 NAME PO BOX 176: HWY 19 N/A STREET ADDRESS 1.3 STREET ADDRESS **UMATILLA FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE BAKICH, JUDITH NAME 2.2 NAME PO BOX 176; HWY 19 N/A STREET ADDRESS 2.3 STREET ADDRESS **UMATILLA FL** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE BAKICH, MICHAEL J NAME 3.2 NAME P O BOX 417 N/A STREET ADDRESS 3.3 STREET ADDRESS UMATILLA, FL 00000 CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME BAKICH, STEPHEN 4. 2 NAME 3003 E BEAUMONT LN STREET ADDRESS 4.3 STREET ADDRESS **EUSTIS FL** CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition Change TITE 5 1 TITLE BAKICH, JEFFREY NAME 5.2 NAME P O BOX 197 STREET ADDRESS 5.3 STREET ADDRESS **UMATILLA FL** CITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELETE Addition TITLE 6.1 THILE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or on an attachment with an address.

1-5-98