PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 375160

1. Corporation Name

BLOUNTSTOWN MOTORS, INCORPORATED

| Principal Place of Business Mailing Address | | | | | |], | i (M9102 lette canal attet times de |) WB) W(W) W(| 11) 8)8)) 8191 | | 01011 1041 |
|---|--|----------------------------------|--|-----------------|--------------------|--------|---|----------------------------|-------------------------|-------------------|------------------|
| 120 SOUTH MAIN STREET 120 SOUTH MAIN STREET | | | | | | | | | | | |
| BLOUNTSTOWN FL 32424 BLOUNTSTOWN FL 32424 | | | | | | | DO NOT WRIT | E IN THIS | SPACE | | |
| | | | | | | 3. | Date Incorporated or Qualifed | | | | |
| | | | | | | | 01/08/1971 | | | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | ······································ | | | 4. | FEI Number | | | Applie | d For |
| 21 | | 26 | | | | | 59-1323550 | | | Not Ap | plicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5 | Certificate of Status Desired | П | \$8.75 | | |
| 22 | | 27 | | | _ | | | - | Fee I | Requi | red |
| City & State | 9 | City & State | | | <u>.</u> . | 6. | Election Campaign Financing | o | \$5.0 | | |
| 23 | | 28 | C | | | _ | Trust Fund Contribution | | | d to F | ees |
| Zip | Country | Zip | Countr | у | | 8. | This corporation owes the curre Personal Property Tax. | ent year inta | angible ∐Yes | × | No. |
| 24 | 9. Name and Address of Current | 29 30 | <u>¹</u> | | | 10. | Name and Address of New R | eaistered / | | | |
| | 5. Name and Address of Current | registated Agent | 8 | 1 | Name | | | _ | | | |
| MAS | ON, MARGIE C. LYTLE | | | _ | C4 A 4 4 4 | /E | P.O. Box Number is Not Accepta | hlo) | | | { |
| 101 MASON RD. | | | | 82 Street Addre | | | O. Box number is Not Accepta | DIE) | | | ĺ |
| BLOUNTSTOWN FL 32424 | | | 8 | 3 | | | | | | | |
| | | | 8 | 4 | City | | | - | 85 Zij | p Çod | |
| • | | | | | • | | | FL | ' | • | |
| office or re | to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati | of Florida. Such change was auth | orized b | v in | named corporation | ration | n submits this statement for the pard of directors. I hereby accep | purpose of t the appoir | changing i itment as | its reg regist | gistered ered |
| SIGNATURE | | MOTE D | | ont n | signature required | uhan i | reinetating) | DATE | | | { |
| 12. | Signature, typed or printed name of registered agent OFFICERS ANI | , , | 13, | Jenr 2 | signature required | | ADDITIONS/CHANGES TO OFF | | D DIREC | TORS | IN 12 |
| TITLE | STV DELETE | | 1,1 TITLE | | | | | - | Change | | Addition |
| NAME | MASON, MARGIE C. | | 1.2 NAME | Ē | | | | | | | |
| STREET ADDRESS | 101 MASON RD. | | 1.3 STREET ADDRESS | | DDRESS | | | | | | |
| CITY-ST-ZIP | BLOUNTSTOWN, FL 00000 | | 1.4 CITY | ST-Z | ZIP | | | | | | |
| TITLE | PD | | | 2.1 TITLE | | | | | ☐ Chang | e | ☐ Addition |
| NAME | MASON, RONALD F | | 2.2 NAME | | | | | | | | { |
| STREET ADDRESS | 1 | | 2.3 STREET ADDRESS | | | | | | | | Ī |
| CITY-ST-ZIP | BLOUNTSTOWN, FL 00000 | | 2. 4 CITY-ST-ZIP | | | | | _ | | . | |
| TITLE | D DELETE | | 3.1 TITLE | | - | | | | _ Chang | e (| Addition (|
| NAME ^ | LYTLE, FLOYD A | | 3.2 NAME | | | | | | | | |
| STREET ADDRESS | RT 1 BOX 360 | | | | VDDRESS | | | | | | |
| CITY-ST-ZIP | | | 3.4. CITY | | ·ZIP | | | | ☐ Chang | 10 | Addition |
| TITLE | - At | T DETE LE | 4.1 TITLE | | | | | | ☐ Citatig | | |
| NAME | . | | 4.2 NAM | | , noneses | | • | | | | ì |
| STREET ADDRESS |) B | | 4.3 STRE | | 1 | | | | | | ſ |
| CITY-ST-ZIP | | | | | <u> </u> | | ····· | _ | ☐ Chang | e | Addition |
| TITLE NAME | | | 5.1 HILL 5.2 NAME | | | | | | | | _ |
| STREET ADDRESS | | | | | NODRESS | | | | | | J |
| CITY-ST-ZIP | SS | | | -ST- | ZIP | | | | | | Ì |
| TITLE | | DELETE | 6.1 TITLE | | | | | | Chang | je | Addition |

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR,

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90149 020 ***150.00