FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2002 8:00 am § Secretary of State DOCUMENT # 387520 1. Entity Name 04-23-2002 90327 037 ***150.00 TRIANGLE CHEVROLET-BUICK-OLDS, INC. Principal Place of Business Mailing Address 475 US HWY 90 E PO BOX 1456 **DEFUNIAK SPRINGS FL 32433 DEFUNIAK SPRINGS FL 32433** 2. Principal Place of Business 3. Mailing Address P. O. BOX 1456 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For DEFUNIAK SPRINGS, FL 59-1357594 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 32435 WALTON Fee Required. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LATHINGHOUSE, R.G. Street Address (P.O. Box Number is Not Acceptable) 5046 CTY HWY. 280 A **DEFUNIAK SPRINGS FL 32433** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME WILLIAMS, C.H.JR. STREET ADDRESS STREET ADDRESS 891 LAKEVIEW DR. CITY-ST-7IP CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME LATHINGHOUSE, R.G. STREET ADDRESS STREET ADDRESS 5046 CTY. HWY., 280 A -CITY-ST-ZIP = CITY-ST-ZIP --DEFUNIAK SPRINGS FL-32433 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental report is true and a curate 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 the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

of the corporation or the receiver or thistes changed, or on an attachment with an addr

PRESIDENT)

her like empowered

04/12/2002

(850) 892-2151