

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **419743 (0)**
1. Corporation Name

SCOGGINS CHEVROLET-OLDS.-BUICK GEO, INC.



Principal Place of Business: **1424 N. YOUNG BLVD. CHIEFLND FL 32626**
Mailing Address: **P.O. BOX 920 CHIEFLND FL 32626 US**

2. Principal Place of Business
21 **Correct**
22 Suite, Apt #, etc.
23 **Chiefland, Fl.**
24 **Correct** 25 **Correct**
26 **Correct**
27 Suite, Apt #, etc.
28 **Chiefland, Fl.**
29 **32644** 30 **Correct**

3. Date Incorporated or Qualified: **02/15/1973**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **59-1466159**
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 has liability for intangible tax under s. 199.03? Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**SCOGGINS, NORMAN M
13440 NW 50TH AVENUE
CHIEFLND FL 32626**

10. Name and Address of New Registered Agent
81 Name: **Correct**
82 Street Address (P.O. Box Number is Not Acceptable): **Correct**
83
84 City: **Chiefland** 85 Zip Code: **Correct**

11. Pursuant to the provisions of Sections 607.050? 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: **same agent**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCKENZIE, WK	
STREET ADDRESS	2942 S.W. 68TH LN.	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SCOGGINS, ANITA F	
STREET ADDRESS	13440 NW 50TH AVENUE	
CITY-ST-ZIP	CHIEFLND, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCOGGINS, NORMAN M	
STREET ADDRESS	13440 NW 50TH AVENUE	
CITY-ST-ZIP	CHIEFLND, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Correct	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	"	
13 STREET ADDRESS	"	
14 CITY-ST-ZIP	C, S, 32608	
21 TITLE	Correct	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	"	
23 STREET ADDRESS	"	
24 CITY-ST-ZIP	Chiefland, Fl. 32626	
31 TITLE	Correct	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	"	
33 STREET ADDRESS	"	
34 CITY-ST-ZIP	Chiefland, Fl. 32626	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Anita F. Scoggins** 6-11-96 352-493-4263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)