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Jan 30 1997 8:00am  
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

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, US  
Mailing Address: P.O. BOX 820, CHIEFLND FL 32644-0820, US

3. Date Incorporated or Qualified: 02/15/1973  
3a. Date of Last Report: 06/17/1996  
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. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-30)

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 (81-85)

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	MCKENZIE, WK 2942 S.W. 68TH LN. CHIEFLND FL	1.1 TITLE: Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD	SCOGGINS, ANITA F 13440 NW 50TH AVENUE CHIEFLND FL	1.2 NAME: Same	
TITLE: PD	SCOGGINS, NORMAN M 13440 NW 50TH AVENUE CHIEFLND FL	1.3 STREET ADDRESS: Same	
TITLE: [ ] DELETE		1.4 CITY - ST - ZIP: Gainesville, FL 32608	
TITLE: [ ] DELETE		2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [ ] DELETE		2.2 NAME:	
TITLE: [ ] DELETE		2.3 STREET ADDRESS:	
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TITLE: [ ] DELETE		6.2 NAME:	
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TITLE: [ ] DELETE		6.4 CITY - ST - ZIP:	

14. I do 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.

SIGNATURE: *Norman M. Scoggins* 1/27/97 352 493 4263  
NORMAN M. SCOGGINS, PRESIDENT

CR2E034 (9/96)