

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

FILED
Feb 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 429622 (4)
1. Corporation Name
BOB WILSON DODGE, INC.



Principal Place of Business 11945 N. FLORIDA AVENUE P.O. BOX 280019 TAMPA FL 33682-0019	Mailing Address 11945 N. FLORIDA AVENUE P.O. BOX 280019 TAMPA FL 33682-0019
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 07/02/1973	3a. Date of Last Report 02/16/1996
4. FEI Number 59-1468379	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
WILSON, ROBERT M.
11945 N FLORIDA AVENUE
TAMPA FL 33612

10. Name and Address of New Registered Agent
1 Name
2 Street Address (P.O. Box Number is Not Acceptable)
3
4 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was a. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when re-statuting) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D WILSON, J R
STREET ADDRESS	700 BRIGHTWATERS BLVD NE
CITY- ST- ZIP	ST. PETERSBURG FL
TITLE	<input type="checkbox"/> DELETE
NAME	VP WILSON, ROBERT M
STREET ADDRESS	4403 DALE AVENUE
CITY- ST- ZIP	TAMPA, FL 00000
TITLE	<input type="checkbox"/> DELETE
NAME	S WILSON, ANSLEY
STREET ADDRESS	4610 TENNYSON
CITY- ST- ZIP	TAMPA, 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	
1.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	
1.3	
1.4	
2.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	
2.3	
2.4	
3.1	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	S Ansley Wilson Kriz
3.3	4610 Tennyson Avenue
3.4	Tampa, FL 33629
4.1	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2	T Ansley Wilson Kriz
4.3	4610 Tennyson Avenue
4.4	Tampa, FL 33629
5.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2	
5.3	
5.4	
6.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2	
6.3	
6.4	

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 Ansley W. Kriz, Secretary/Treasurer 2/7/97 (813)933-6343

CP2E034 (9/96)