FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 473624 (5)

1. Corporation Name
LAKELAND TOYOTA, INC.

Principal Place of Business	Mailing Address
1200 WEST MEMORIAL BLVD. P.O. BOX 24477 LAKELAND FL 33802	1200 WEST MEMORIAL BLVD. P.O. BOX 24477 LAKELAND FL 33802

3. Date Incorporated or Qualified: 04/04/1975
3a. Date of Last Report: 02/01/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-1602368 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

SLOMAN, ERIC B.
1200 WEST MEMORIAL BLVD
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name: IHLA P. SLOMAN
82 Street Address (P.O. Box Number is Not Acceptable): 1200 WEST MEMORIAL BLVD
83
84 City: LAKELAND FL 85 Zip Code: 33801

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: Ihla P Sloman — DATE: 2-6-96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPST ☐ DELETE	1 1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	SLOMAN, IHLA P	1 2 NAME	LAURA ENSLEY-STANTON
STREET ADDRESS	814 LAKE HOLLINGSWORTH DRIVE	1 3 STREET ADDRESS	531 LARKWOOD DRIVE
CITY-ST-ZIP	LAKELAND FL	1 4 CITY-ST-ZIP	SAN ANTONIO, TX. 78209
TITLE	PD ☒ DELETE	2 1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	SLOMAN, ERIC B.	2 2 NAME	KAREN A. JARRATT
STREET ADDRESS	814 LAKE HOLLINGSWORTH DRIVE	2 3 STREET ADDRESS	206 GARDEN AVE.
CITY-ST-ZIP	LAKELAND FL	2 4 CITY-ST-ZIP	NASHVILLE, TN. 37205
TITLE	☐ DELETE	3 1 TITLE	PSTD ☒ Change ☐ Addition
NAME		3 2 NAME	SLOMAN, Ihla P.
STREET ADDRESS		3 3 STREET ADDRESS	814 LK. HOLLINGSWORTH DR.
CITY-ST-ZIP		3 4 CITY-ST-ZIP	LAKELAND, FL. 33803
TITLE	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE	☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE	☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ihla P Sloman, Pres. — 2-6-96 — 941 688-5451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #