FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **481654** **(2)**

1. Corporation Name
PLAZA-LINCOLN MERCURY, INC.

Principal Place of Business	Mailing Address
8925 HIGHWAY 441 P.O.BOX 895037 LEESBURG FL 34789-0037	8925 HIGHWAY 441 P.O.BOX 895037 LEESBURG FL 34789-0037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/04/1975**
3a. Date of Last Report: **04/13/1994**

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

4. FEI Number: **59-1628060** ☐ 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

NOLETTE, JOSEPH H
P.O. BOX 895037
LEESBURG FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.1622 and 607.1505, 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICER AND/OR DIRECTOR

Title	PTD
Name	NOLETTE, JOSEPH H
Street Address	P.O. BOX 895037 OR 8925 HWY 441
City-State-Zip	LEESBURG FL
Title	VD
Name	NOLETTE, LORRAINE
Street Address	8925 HWY 441
City-State-Zip	LEESBURG FL
Title	SD
Name	NOLETTE, JOSEPH H
Street Address	8925 HWY 441
City-State-Zip	LEESBURG, FL 00000
Title	
Name	
Street Address	
City-State-Zip	
Title	
Name	
Street Address	
City-State-Zip	
Title	
Name	
Street Address	
City-State-Zip	

13. ADDITIONS, CHANGES TO OFFICER AND/OR DIRECTORS

Title	☐ Change ☐ Addition
Name	
Street Address	
City-State-Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City-State-Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City-State-Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City-State-Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City-State-Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City-State-Zip	

14. I declare (I certify) that the information supplied with this filing is accurately transcribed and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the corporation named in the annual report or supplemental annual report is true and correct 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 above, or on an attachment with an asterisk.

SIGNATURE: Joseph H Nolette 4/25/95 (904) 787-1255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

Joseph H Nolette, President

0378287 CP