

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

•	1999	TO WE THE	DIVISION OF COR	PORATI	ONS	02-18-199	9 90017 03	8 ***150.0	00	
	MENT # 48	1654								
PLAZA-LI	NCOLN MERCURY	', INC.								
									41) 111 (
Principal Place	of Business	Maili	ng Address			1 MBIN Bran (Bran (Bran)) 0 0 0 0 W	(
8925 HIGHWAY 441 8925 HIGHWAY 441								,		
P.O.BOX 895037 P.O.BOX 895037						DO NOT V	VRITE IN THIS	SPACE		
LEESBURG FL 34789-0037 LEESBURG FL 34789-0037						Date Incorporated or Quality				
						08/04/1975	,		•	
Principal Place of Business						4. FEI Number		Apr	olied For	c
21	26					59-1628060		Not	Applicable =	=
– ≃Suite∄Apt⊹i	#, etc.==========		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A		7
22 27						J. Certificate of Status Desired		Fee Rec	quired	
City & State City & State					6. Election Campaign Financi	ng 🗆	\$5.00			
23		28				Trust Fund Contribution		Added to	Fees	
Zip	Country	<u>├</u>	<u></u>	Country	'	8. This corporation owes the	current year Into		□No	
24	25	29	30			Personal Property Tax. 10. Name and Address of No.	w Ponistored			
	9. Name and Addres	s of Current Registe	red Agent	81	Name	IV. Name and Address of Ne	w Keylsteled	Agent		
NOU	* * *	A 13 NATE								
NOLETTE, JOSEPH H					Street Addr	ess (P.O. Box Number is Not Acc	eptable)			
LEESBURG FL 34789						181 11 11 11 11	Thirthi		20 12 34	
LEEGDONG TE 34709							自制計劃的社	sti kolisti i		
				84	City		FL	`` [85] Zip`C	ode	
11 Dürğundi	to the provisions of Section	ons 607 0502 and 607	1508 Florida Statutes t	he above	e-named corp	oration submits this statement for	the purpose of	changing its	registered	
office or read agent. I ar	egistered agent, or both, in familiar with, and accel	in the State of Florida of the obligations of, S	Such change was authorisection 607.0505, Florida	rized by Statutes	the corporation.	oration submits this statement for on's board of directors. I hereby a	cept the appoi	ntment as reg	gistered	
SIGNATURE	Signature, typed or printed name of	of registered agent and title if a	innlicable (NOTE: Reg	istered Ager	nt signature require	d when reinstating)	DATE		;	
12.		FICERS AND DIREC		13.		ADDITIONS/CHANGES TO	OFFICERS AN	ID DIRECTO		
TITLE	PTD		☐ DELETE	1.1 TITLE		100		☐ Change	Addition	
NAME	NOLETTE, JOSEPH			1.2 NAME						
STREET ADDRESS	P.O. BOX 895037 O	R 8925 HWY 441		1.3 STREE	TADDRESS					į
CITY-ST-ZIP	LEESBURG FL			1.4 CITY-S	T-ZIP			(C) (C)	Addition	
TITLE	VD		☐ DELETE	2.1 TITLE				Change	☐ Addition	
NAME	NOLETTE, LORRAIN	E		2.2 NAME			•		}	
STREET ADDRESS	8925 HWY 441	~-> ::	and the second of the second		TADDRESS	المعا المستنجرة وقبر سواد يتنقيلا والمستند				_
CITY-ST-ZIP	"LEESBURG FL	3	□ BELETE	2. 4 CITY-S	ST-ZIP			☐ Change	Addition	
TITLE NC4	ESD TOO STANKE	11.	☐ DELETE	3.1 TITLE				onange		
NAME: A SOCI	NOLETTE, JOSEPH	н, ,		3.2 NAME	T ADDRESS				1.1. 4 .0	
STREET ADDRESS	. 8925 HWY 441 LEESBURG, FL 0000	ν.		3.4. CITY-5						
CITY-ST-ZIP	LEESBUNG, FL VVV		☐ DELETE	4.1 TITLE	31-21	V. V. E. V. C.	· 通知 · · · · · · · · · · · · · · · · · ·	Change	. i ☐ Addition	
			_	4. 2 NAME						
NAME SOME A STREET ADDRESS	; -		et -) ,		T ADDRESS					
CITY-ST-ZIP	3 • •	:		4.4 CITY-S						
TITLE	···		☐ DELETE	5.1 TITLE				Change	Addition	
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREE	T ADDRESS		•			
CITY-ST-ZIP	MD			5.4 CITY-S	ST-ZIP	<u> </u>				
TITLE	MG till JUSTER		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition	
	しわらけめていっぱさり	かそがり けいくきゅう		62 NAME	- 1					

14. 1 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90017 038 ***150.00

12.
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME.

STREET ADDRESS CITY-ST-ZIP

CEEK, BOST.