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

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

Apr 06 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 504181 (9)REGAL PONTIAC, INC. Principal Place of Business Mailing Address 2615 LAKELAND HILLS BLVD. 2615 LAKELAND HILLS BLVD. LAKELAND FL 33805 LAKELAND FL 33805 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>05/27/1976</u> 2. Principal Place of Business 2a, Mailing Address 26 PO BOX 4. FEI Number Applied For 2615 90037 akeland Hills 59-1671530 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State
Lakeland City & State
-akel and 6. Election Campaign Financing \$5.00 May Be FI FI Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible HIK Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CAMPISI, SAL SR 5335 WOODHAVEN LANE Street Address (P.O. Box Number is Not Acceptable) 82 LAKELAND FL 33813 83 84 City Zip Code 11. Pursuant to the provision of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered the objection of 507.0505, Florida Statutes. office or registered agent agent. I am familiar with: SIGNATURE Registered Agent signature required when reinstaling) OFFICERS AND DIR CTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE Change Addition CAMPISI, SAL SR NAME 1.2 NAME 5335 WOODHAVEN LANE STREET ADDRESS 1.3 STREET ADDRESS LAKELAND FL CITY-ST-ZIP 1.4 CITY - ST- ZIP Change TITLE DELETE 2.1 TITLE Addition NAME CAMPISI, JEAN 2.2 NAME 5335 WOODHAVEN LANE STREET ADDRESS 2.3 STREET ADDRESS Lakeland fl CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE GREENHOW, ANNE NAME 3.2 NAME 5409 E CLUBHILL 3.3 STREET ADDRESS STREET ADORESS LAKELAND FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME CAMPISI, SAL JR 4. 2 NAME STREET ADDRESS 1120 COLONY ARMS COURT 4.3 STREET ADDRESS LAKELAND FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE Change Addition

6.2 NAME

14. Thereby certify that the information supplied with this flyig 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 required or useled employered 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 appear with an appears.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

3/11/98

FILED