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Jan 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # 520940 (8)

1. Corporation Name
HAINES CITY MOTOR COMPANY

Principal Place of Business
1550 US HIGHWAY 27 S
P.O. BOX 1417
HAINES CITY FL 33845-1417

Mailing Address
1550 US HIGHWAY 27 S
P.O. BOX 1417
HAINES CITY FL 33845-1417

3. Date Incorporated or Qualified: 01/03/1977
3a. Date of Last Report: 03/18/1996

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

4. FEI Number: 59-1709304 ☐ 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
HIGGINS, WARREN J.
8319 WEST LAKE MARION ROAD
HAINES CITY FL 33844

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 607.0502 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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HIGGINS, WARREN J.		1.2 NAME	
STREET ADDRESS	8319 WEST LAKE MARION ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL		1.4 CITY-ST-ZIP	
TITLE	VTD	☐ DELETE	2.1 TITLE	VTD ☒ Change ☐ Addition
NAME	HIGGINS, JAMES K. I		2.2 NAME	HIGGINS, J. KENNY III
STREET ADDRESS	8 EAST LAKE DRIVE		2.3 STREET ADDRESS	8 EAST LAKE DRIVE
CITY-ST-ZIP	HAINES CITY FL		2.4 CITY-ST-ZIP	HAINES CITY, FL.
TITLE	VSD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HIGGINS, WAYNE R.		3.2 NAME	
STREET ADDRESS	3549 KOKOMO ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HIGGINS, JAMES K. JR.		4.2 NAME	
STREET ADDRESS	8321 WEST LAKE MARION BLVD		4.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	D ☒ Change ☐ Addition
NAME	HIGGINS, OWEN R.		5.2 NAME	HIGGINS, OWEN R.
STREET ADDRESS	130 BREAM STREET		5.3 STREET ADDRESS	3468 HURLBUT CIRCLE
CITY-ST-ZIP	HAINES CITY FL		5.4 CITY-ST-ZIP	LAKE WALES, FL.
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 (9/96)

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: [signature] J. Kenny Higgins III VP/Treas. — 1-7-97 — 941-422-1167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #