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Mar 24 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 # 549623 (7)

1. Corporation Name
CLAUDE NOLAN CADILLAC-OLDSMOBILE, INC.

Principal Place of Business
4700 SOUTHSIDE BLVD.
PO BOX 19026F
JACKSONVILLE FL 32216

Mailing Address
4700 SOUTHSIDE BLVD.
PO BOX 19026F
JACKSONVILLE FL 32216-6359



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
10/19/1977

3a. Date of Last Report
02/02/1996

4. FEI Number
59-1773522

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

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Country

29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HELMICK, JOHN P., JR.
4700 SOUTHSIDE BLVD.
JACKSONVILLE FL 32216

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

(NCH) Registered Agent's signature required when reappointing

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	HELMICK, JOHN P., JR.	
STREET ADDRESS	4700 SOUTHSIDE BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	AS	☐ DELETE
NAME	THOMAS LOVE	
STREET ADDRESS	4700 SOUTHSIDE BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VT	☐ DELETE
NAME	HELMICK, CLAUDETTE BROWN	
STREET ADDRESS	4700 SOUTHSIDE BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	AS	☐ DELETE
NAME	HELMICK, MARC A.	
STREET ADDRESS	4700 SOUTHSIDE BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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, unchanged, or on an attachment with an address.

SIGNATURE: *Thomas Love* 3/17/97 904-642-5111

SIGNATURE AND TYPE, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone, Home #

CR2E034 (9/96)