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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

587017

(5)

BELL CHEVROLET, INC.

611 WEST HAINES ST P O BOX 519

Principal Place of Business

Mailing Address

611 WEST HAINES ST P O BOX 519

## **FILED** Mar 31 1998 8:00am Secretary of State



PLANT CITY FL 33566 PLANT CITY FL 33566				DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualified			
						09/20/1978			
	ace of Business	2a. Mailing Address			- <b>(</b>	4. FEI Number Applied For			
	. Alexander St.	26 601 E. Alex	ander	_ <	<u>st.</u>	<b>59-1849278</b> Not Applicable			
Suite, Apt.	#, etc. Prox 3209	Suite, Apt. #, etc.	x 320	29		5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State City & State					& Election Compaign Financing				
23 Plant	t City IL		ta		FL	Trust Fund Contribution Added to Fees			
Zio	Country Country	Zip	<u> </u>	ıntry		8. This corporation owes or has paid the current year Intangible			
24 33566 25 USA 29 33566 30 USA					5 A	Personal Property Tax due June 30. Yes No			
	9. Name and Address of Current	Registered Agent		Щ,		10. Name and Address of New Registered Agent			
MO	ODY, JAMES S.JR.			81	Name				
	NOLDS STREET, P.O. DRAWER 1	T		82 Street Address (P.O. Box Number is Not Acceptable)					
PLANT CITY, FL LP 33566				Sireer Address (ro. box Number is Not Acceptable)					
	ui, oii,, i E E, oooo			<b>B3</b>					
ı				64	City	FL 85 Zip Code			
11, Pursuani t	o the provisions of Sections 607.0502	and 607.1508, Florida Sta	tutes, the a	bove	-named co	orporation submits this statement for the purpose of changing its registered			
agent. I ar	a <b>gistered</b> agent, or both, in the state of m <b>fa</b> miliar with, and accept the obligati	ons of, Section 607.0505,	s authorize Florida Sta	a by tutes	the corpor :	oration's board of directors. I hereby accept the appointment as registered			
SIGNATURE		·							
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	a Age	ni signature rec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP CITIOLITIS AND	DELETE	1.1 10	TLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
NAME		beter	1.2 N			_ Criticipa			
	BELL, JEANNINE								
STREET ADDRESS	2869 HAMMOCK DRIVE				ADDRESS				
CITY-ST-ZIP	PLANT CITY, FL 00000	DELETE		TY-SI	I-ZIP	Change Addition			
TITLE	PCU CARVA	C Decete	2.1 Ti			Change Koonton			
NAME	BELL, GARY L.		2.2 N						
STREET ADDRESS	2869 HAMMOCK DRIVE		•		ADDRESS				
CITY-ST-ZIP	PLANT CITY FL	DE: 585		ITY-S	1-2IP				
TITLE	ST	DELETE	3.1 TI			Addition			
NAME	BLOCKER, MARY ALICE		3.2 N	AME					
STREET ADDRESS	1114 S. WIGGINS ROAD		3.3 S	REET	ADDRESS				
CITY-ST-ZIP	PLANT CITY FL			ITY-S	T-ZIP				
TITLE		☐ DELETE	4.1 70	TLE		Change			
NAME			4. 2 N	AME					
STREET ADDRESS			4.3 S	TREET.	ADDRESS				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		TY-\$1	T- ZIP				
TITLE		DELETE	5.1 TI	TLE	i	Change Addition			
NAME			5.2 N	AME					
STREET ADDRESS			5.3 S	TREET.	ADDRESS				
CITY-ST-ZIP			5.4 CI	ITY-S]	I-ZIP				
TITLE		DELETE	6.1 TI	TLE		Change Addition			
NAME			6.2 N	AME					
STREET ADDRESS			6.3 ST	REET.	ADDRESS				
CITY-ST-ZIP				TY - S1					
	errify that the information supplied with	this filing does not qualify				in Section 119.07(3)(i), Florida Statutes. I further certify that the information ature shall have the same legal effect as if made under oath; that I am an equired by Chapter 607, Florida Statutes; and that my name appears in			
indicated of officer or o	on this annual report or supplemental a finector of the corporation or the receiv	armuar report is true end a er or trustee empawered t	ocurate an o execute l	u ina ihis r	u my signa eport as re	aure snail have the same legal effect as it made under dath; that I am an equired by Chapter 607, Florida Statutes; and that my name appears in			