FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # 625354 (6)

1. Corporation Name

BILL BRYAN CHRYSLER, PLYMOUTH, DODGE, INC.

Principal Place of Business
903 N BLVD W
P.O. BOX 490838
LEESBURG FL 34749-7838

Mailing Address
903 N BLVD W
P.O. BOX 490838
LEESBURG FL 34749-7838

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

3. Date Incorporated or Qualified: 06/08/1979
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1913761 ☐ 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

BRYAN, F. WILLIAM, II
190 SHELL POINT, WEST
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1365 Grove Terrace Dr
83
84 City Winter Park FL 85 Zip Code 32789

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	BRYAN, F. WILLIAM, II		1.2 NAME	
STREET ADDRESS	1731 PINETREE RD		1.3 STREET ADDRESS	1365 Grove Terrace Dr
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-ST-ZIP	Winter Park Fl 32789
TITLE	DT	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	BRYAN, JOHN NEWTON		2.2 NAME	
STREET ADDRESS	841 FREDRICA STREET #6		2.3 STREET ADDRESS	1731 Pinetree Rd
CITY-ST-ZIP	ATLANTA GA		2.4 CITY-ST-ZIP	Winter Park Fl 32789
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BRYAN, MELISSA		3.2 NAME	
STREET ADDRESS	407 A W 45TH STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	AUSTIN TX		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
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	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] 4/23/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)