

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

FILED

Apr 01 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998				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		2a. Mailing Address		3. Date Incorporated or Qualified 06/08/1979	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1913761	
22 City & State		27 City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent BRYAN, F. WILLIAM, II 1365 GROVE TERR DR WINTER PARK FL 32789			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PDS	☐ DELETE			
NAME	BRYAN, F. WILLIAM, II				
STREET ADDRESS	1365 GROVE TERR DR				
CITY-ST-ZIP	WINTER PARK FL				
TITLE	DT	☐ DELETE			
NAME	BRYAN, JOHN NEWTON				
STREET ADDRESS	1731 PINETREE RD				
CITY-ST-ZIP	WINTER PARK FL				
TITLE	D	☐ DELETE			
NAME	BRYAN, MELISSA				
STREET ADDRESS	407 A W 45TH STREET				
CITY-ST-ZIP	AUSTIN TX				
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

3. Date Incorporated or Qualified 06/08/1979	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

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	
TITLE	PDS
NAME	BRYAN, F. WILLIAM, II
STREET ADDRESS	1365 GROVE TERR DR
CITY-ST-ZIP	WINTER PARK FL
TITLE	DT
NAME	BRYAN, JOHN NEWTON
STREET ADDRESS	1731 PINETREE RD
CITY-ST-ZIP	WINTER PARK FL
TITLE	D
NAME	BRYAN, MELISSA
STREET ADDRESS	407 A W 45TH STREET
CITY-ST-ZIP	AUSTIN TX
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0483878

CR2E034 (10/97)