## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 

(7)

1. Corporation Name LAKELAND CHRYSLER-PLYMOUTH-DODGE, INC.

Mailing Address Principal Place of Business 2335 NEW DADE CITY HWY. 2335 NEW DADE CITY HWY. P.O.BOX 90307 P.O.BOX 90307 LAKELAND FL 33804-7307 LAKELAND FL 33804-7307 or Qualified 3a. Date of Last Re 07/27/1979 04/20/1995 Applied For 4. FE1 Numbe 2a. Mailing Address 2. Principal Place of Business 59-1924040 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zip Yes X No Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name VAUGHN, ROBERT E. JR. Street Address (P.O. Box Number is Not Acceptable) 82 501 E KENNEDY BLVD. STE 706 83 **TAMPA FL 33602** Zip Code 85 84 City 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. Thereby 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 the if applicable (NOTE: Ring stered Agent signature required ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Change Addition DELETE 1. 1 TiTUE TOTLE VAUGHN, ROBERT E. 1.2 NAME NAME 122 LAKEWOOD DR. 1.3 STREET ADDRESS STREET ADDRESS **BRANDON FL** 14 CITY-ST-ZIP CHY-ST-ZIP Addition [ ] Change DELETE 2 1 TITLE TITLE BRYAN, JAMES R, JR. 2.2 NAME NAME 6923 ASHBURY DR 2.3 STREET ADDRESS STREET ADDRESS LAKELAND FL 24 CHY-\$1-ZP CITY-ST-ZIP [] Change Addit on PD DELETE 3 1 TITLE TITLE BRYAN, JAMES R. 3.2 NAME NAME 716 DORADO CT 3.3 STREET ADDRESS STREET ADDRESS **BRANDON FL** 3.4 C+TY - \$1 - 7IP CITY - ST-ZIP ☐ Change Addition DELFTE STD 4 1 TO F TITLE BRYAN, ELIZABETH C. 4.2 NAME

14. I do hereby certify that the information supplied with this filing is voluntarily turnished 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 cath; that I am an officer or director of the contraction or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears the Block 12 or Bio 13 if chapter or an attachment with an address

4.3 STREET ACORESS

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James R. Bryan-President

941-687-2501 3-28-96

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