

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 # **670649** (3)  
1. Corporation Name  
**JAKE SUTHERLIN NISSAN, INC.**



Principal Place of Business  
**302 W FLETCHER AVENUE  
P.O. BOX 17879  
TAMPA FL 33612**

Mailing Address  
**PO BOX 280219  
TAMPA FL 33682-0219  
US**

3. Date Incorporated or Qualified **05/20/1980** 3a. Date of Last Report **08/14/1995**

|                                                                                                     |                                                                                          |                                                                                                                       |                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 4. FET Number<br><b>59-2008030</b><br>Applied For<br>Not Applicable                                                   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                  |
|                                                                                                     |                                                                                          | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

**HENRY, THOMAS E  
JAKE SUTHERLIN NISSAN, INC.  
302 W. FLETCHER AVE.  
TAMPA FL 33612**

10. Name and Address of New Registered Agent

|                                                       |             |
|-------------------------------------------------------|-------------|
| 81 Name                                               | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | <b>FL</b>   |

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

Signature, typed or printed name of registered agent and the capital table

(NOTE: Registered Agent signature required when reappointing)

DATE

| 12. OFFICERS AND DIRECTORS |                                                                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-----------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | TVD<br>SUTHERLIN, STEVE<br>2304 COUNTRY RIDGE<br>VESTAVIA HILLS AL    | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                       | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                       | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-STATE-ZIP             |                                                                       | 1.4 CITY-STATE-ZIP                                    |                                                                   |
| TITLE                      | PASD<br>SUTHERLIN, KAREN B.<br>3939 DUVAL DR<br>JACKSONVILLE BEACH FL | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                       | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                       | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-STATE-ZIP             |                                                                       | 2.4 CITY-STATE-ZIP                                    |                                                                   |
| TITLE                      | SVD<br>HENRY, THOMAS<br>5009 W EVELYN DR<br>TAMPA FL                  | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                       | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                       | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-STATE-ZIP             |                                                                       | 3.4 CITY-STATE-ZIP                                    |                                                                   |
| TITLE                      |                                                                       | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                       | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                       | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-STATE-ZIP             |                                                                       | 4.4 CITY-STATE-ZIP                                    |                                                                   |
| TITLE                      |                                                                       | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                       | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                       | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-STATE-ZIP             |                                                                       | 5.4 CITY-STATE-ZIP                                    |                                                                   |
| TITLE                      |                                                                       | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                       | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                       | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-STATE-ZIP             |                                                                       | 6.4 CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **THOMAS E. HENRY - VP** 1/16/96 813-933-6641  
Date Daytime Phone #

CR2E034 (12/95)