

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90015 008 ***150.00

DOCUMENT # 673116

1. Corporation Name

SOUTHEAST CAR AGENCY, INC.



Principal Place of Business

3400 N.E. 39TH AVE.
SUITE G
GAINESVILLE FL 32609

Mailing Address

3400 N.E. 39TH AVE.
SUITE G
GAINESVILLE FL 32609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1980

4. FEI Number

59-2029707

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 3880 NE 39 AVE

2a. Mailing Address

26 3880 NE 39 AVE

Suite, Apt. #, etc.

22 SUITE G

Suite, Apt. #, etc.

27 SUITE G

City & State

23 GAINESVILLE FL

City & State

28 GAINESVILLE FL

Zip Country

24 32609 25

Zip Country

29 32609 30

9. Name and Address of Current Registered Agent

COUSINS, JOHN

3400 N.E. 39TH AVENUE - 3880 NE 39 AVE

GAINESVILLE FL 32609

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME COUSINS, JOHN
STREET ADDRESS 3400 NE 39TH AVE STE G
CITY-ST-ZIP GAINESVILLE, FL 00000

TITLE V ☐ DELETE

NAME COUSINS, ROBERT
STREET ADDRESS 3400 NE 39TH AVE STE G
CITY-ST-ZIP GAINESVILLE FL

TITLE V ☐ DELETE

NAME COUSINS, THOMAS
STREET ADDRESS 3400 NE 39TH AVE STE G
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

3880 NE 39 AVE STE G

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3880 NE 39 AVE STE G

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

3880 NE 39 AVE STE G

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-99 3523777787

Date

Daytime Phone #

CR2E034 (11/98)

0063333