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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 698004

(9)

COLUMBUS AUTO SALES, INC.

FILED	
Apr 23 1997 8:00	am
Secretary of Sta	ite

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Principal Place of Business Mailing Address			T (BUILD WILLER COSE) DREIS DOISE DE	T 100116 Office (olds east) daily addit east office and a graft asket asket		
NJ. JANE LOC 6607 N. FLORI TAMPA FL 336	IDA AVE.	%J. JANE LOONEY 5607 N. FLORIDA AVE TAMPA FL 33604-6911				
1,					 Date Incorporated or Qualified 07/31/1981 	3a. Date of Last Report 04/29/1996
2. Principal P	lace of Business	28. Mailing Address 26			4. FEI Number 59-2116044	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		City & State			<u> </u>	Fee Required
City & State		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for	
24	25	29	30		Florida Statutes	⊋yes DNo
	9, Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New R	egistered Agent
	ONEY, J JANE			81 Name		
5607 N. FLORIDA AVE. TAMPA FL 33604				82 Street A	Address (P.O. Box Number is Not Accepta	ble)
100	NFA FL 33004		•	83		
				84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Sta	atutes, the ab	ove-named	corporation submits this statement for the	purpose of changing its registered
office or r	egistered agent, or both, in the State of familiar with and accept the oblid	e of Florida. Such change wations of Section 607.0505	as authorized Florida Stati	by the corp	oration's board of directors. I hereby acce	ept the appointment as registered
SIGNATURE	- Jane Loor	uy P/VPS/T	J. J.	ave L	DONEY 2	108/97
12,	Signatur, typed of printed name of registered ag	ent and title (Approprie) (NOTE Registered	Agent signature	required when winstating) ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	PC	DELETE	1.1 1/1	LE T	ADDITIONS/OFFANGES TO OFF	Change Addition
NAME	LOONEY, LEON	71,	1.2 NA	Mε		
STREET ADDRESS	8902 LOCUST STREET		1.3 \$1	REET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CIT	Y - \$1 - ZIP		
TITLE	ST LANE	☐ DELETE	2.1 1/1		P/VP/S/T	Change Addition
NAME	LOONEY, J JANE 8902 LOCUST STREET		2 2 NA		LOONEY, J. JANE	
STREET ADDRESS	TAMPA FL			REET ADDRESS	8902 LOCUST AVE	
CITY-\$T-ZIP TITLE	Transcription 1 to	DELETE	3.1 111		TAMPA, FL 33604	☐ Change ☐ Addition
NAME			3 2 NA	ME		-
STREET ADDRESS			3 3 \$1	REE1 ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
TITLE		☐ DELETE	4.1 111			☐ Change ☐ Addition
NAME			4. 2 N/			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	51 TIE	Y-ST-ZIP		Change Addition
NAME		المالية المالية	52 NA			-93-10-7
STREET ADDRESS				REFT ADDRESS		
CITY-ST-ZIP				Y-S1-ZIP		
TITLE		☐ DELETE	6118	LĒ		☐ Change ☐ Addition
NAME			62 NA	ME		
STREET ADDRESS		•		REE1 ADDRESS		
CITY-ST-ZIP			6 4 CI	Y-ST-ZIP		

14. I do 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 all attachment with an address.