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FILED

Feb 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 820009 (9)

1. Corporation Name  
PALMETTO FORD TRUCK SALES, INC.

Principal Place of Business

7245 NW 36TH ST  
MIAMI FL 33166

Mailing Address

7245 NW 36TH ST  
MIAMI FL 33166-6702



3. Date Incorporated or Qualified  
10/26/1966

3a. Date of Last Report  
05/01/1996

4. FEI Number  
59-1151816

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

YGLESIAS, ROBERT G.  
7245 NW 36TH ST  
MIAMI FL 33166

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

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	YGLESIAS, R. G.	
STREET ADDRESS	3511 SW 28TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GRANT, F. T.	
STREET ADDRESS	17504 SW 24TH STREET	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRANT, H. W.	
STREET ADDRESS	17504 SW 24TH STREET	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, ROBERT	
STREET ADDRESS	7245 NW 36TH ST	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GIAANTONIO, ROBERT	
STREET ADDRESS	7245 NW 36TH ST	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MANVILLE, DAVID	
STREET ADDRESS	7245 NW 36TH ST	
CITY-ST-ZIP	MIAMI FL 33166	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	R. CASTLE VICEPRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	7245 NW 36ST	
13 STREET ADDRESS	MIAMI, FL. 33166	
14 CITY-ST-ZIP		
21 TITLE	DE. VICEPRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Debra Yglesias Britton	
23 STREET ADDRESS	7245 NW 36ST.	
24 CITY-ST-ZIP	MIAMI FL. 33166	
31 TITLE	VICEPRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	DAVID S. Yglesias	
33 STREET ADDRESS	7245 NW 36ST.	
34 CITY-ST-ZIP	MIAMI FL. 33166	
41 TITLE	Vice Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Charles A. Vetter	
43 STREET ADDRESS	7245 NW 36ST.	
44 CITY-ST-ZIP	MIAMI FL. 33166	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-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 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)