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001746

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90057 001 \*\*\*150.00

DOCUMENT # 831629

1. Corporation Name ATLANTIC DODGE, INC.



Principal Place of Business: 2330 US 1 SOUTH, P.O. BOX 1926, ST AUGUSTINE FL 32086  
Mailing Address: 2330 US 1 SOUTH, P.O. BOX 1926, ST AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/15/1974  
4. FEI Number: 59-1498649  
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 (21-23) and Mailing Address (24-30) fields with sub-sections for Suite, City & State, and Zip/Country.

9. Name and Address of Current Registered Agent: LOWE, (PHILIP W.), 2330 US 1 SOUTH, P.O. BOX 1926, ST. AUGUSTINE FL 32086  
10. Name and Address of New Registered Agent (81-85) fields.

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	LOWE, PHILLIP W 212 RAINTREE TRAIL ST AUGUSTINE FL	1.1 TITLE	
TITLE: STD	LOWE, PATRICIA A 2967 S ATLANTICC AVE, #1002 DAYTONA BEACH FL 32118	1.2 NAME	
TITLE: AS	BOWERS, JOHN F 7175 A1A S., #B114 ST AUGUSTINE FL 32086	1.3 STREET ADDRESS	
TITLE:		1.4 CITY-ST-ZIP	
TITLE:		2.1 TITLE	
TITLE:		2.2 NAME	
TITLE:		2.3 STREET ADDRESS	
TITLE:		2.4 CITY-ST-ZIP	
TITLE:		3.1 TITLE	
TITLE:		3.2 NAME	
TITLE:		3.3 STREET ADDRESS	
TITLE:		3.4 CITY-ST-ZIP	
TITLE:		4.1 TITLE	
TITLE:		4.2 NAME	
TITLE:		4.3 STREET ADDRESS	
TITLE:		4.4 CITY-ST-ZIP	
TITLE:		5.1 TITLE	
TITLE:		5.2 NAME	
TITLE:		5.3 STREET ADDRESS	
TITLE:		5.4 CITY-ST-ZIP	
TITLE:		6.1 TITLE	
TITLE:		6.2 NAME	
TITLE:		6.3 STREET ADDRESS	
TITLE:		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 on an attachment with an address, with all other like empowered.

SIGNATURE: Philip W. Lowe Date: 2-24-99 Daytime Phone #: 904-777-4183

CR2E034 (11/98)