## FILED SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Aug 10 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (5) CONRAD HAWKINS CHEVROLET, INC. Principal Place of Business Mailing Address 10880 PHILLIPS HWY 10880 PHILLIPS HWY JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/27/1975 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 9454 Philips Hwy 21 26 59-1593998 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Suite 7 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees

Country

30

DUVAL

82

84 City Zip Code 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1 1 TITLE \_\_\_ DELETE Change Addition HAWKINS, CONRAD NAME 1.2 NAME 10880 PHILLIPS HWY STREET ADDRESS 1.3 STREET ADDRESS J**ac**ksonville fl CITY-ST-ZIP 1.4 CITY-ST-ZIP 2.1 TITLE TITLE DELETE Addition \_\_\_ Change RAYBURN, CINDY NAME 2.2 NAME 10880 PHILLIPS HWY STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4 1 TITLE Addition NAME 4.2 NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CiTY-ST-ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETE Addition 300002612**71** -08/11/98--01029-**-0**43 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS \*\*\*550.00 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.

SIGNATURE:

Zip

24

Country

9. Name and Address of Current Registered Agent

29

25

3974 WOODCOCK DR., SUITE 100

TROMBERG, FRED

JACKSONVILLE FL 32207

Circles Las Bu

7-24-98 19-48080633

8. This corporation owes or has paid the current year Intangible

Yes

Personal Property Tax due June 30.

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

10. Name and Address of New Registered Agent

CR2E034 (5/98)