SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 PM 12:00

DOCUMENT # **839497** **(5)**

1. Corporation Name
PENSACOLA CHRYSLER-PLYMOUTH, INC.

Principal Place of Business	Mailing Address
6105 PENSACOLA BLVD. P. O. BOX 17328 PENSACOLA FL 32522	6105 PENSACOLA BLVD. P. O. BOX 17328 PENSACOLA FL 32522

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 11/08/1977
3a. Date of Last Report: 07/14/1994
4. FEI Number: 59-1773900 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature required if name of registered agent is changed. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1 1 TITLE	☐ Change ☐ Addition
NAME	ST GERMAIN, BETTIE L.	1 2 NAME	
STREET ADDRESS	4040 POWRIE DRIVE	1 3 STREET ADDRESS	
CITY ST ZIP	PENSACOLA FL	1 4 CITY ST ZIP	
~~TITLE~~	~~VP~~	2 1 TITLE	☐ Change ☐ Addition
~~NAME~~	~~CASSIANO, CAROL L.~~	2 2 NAME	
~~STREET ADDRESS~~	~~3555 SUMMIT BLVD.~~	2 3 STREET ADDRESS	
~~CITY ST ZIP~~	~~PENSACOLA FL~~	2 4 CITY ST ZIP	
TITLE	P	3 1 TITLE	☐ Change ☐ Addition
NAME	CASSIANO, JAMES W.	3 2 NAME	
STREET ADDRESS	6105 PENSACOLA BLVD.	3 3 STREET ADDRESS	
CITY ST ZIP	PENSACOLA FL	3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 X in Block 13.

SIGNATURE: _____ 6-12-95 904.477.3385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JAMES W. CASSIANO PRESIDENT

0173212 FP