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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

14200 S. TAMIAMI TRAIL

FT MYERS FL 33912



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name F01175

Mailing Address

14200 S. TAMIAMI TRAIL

FT MYERS FL 33912

FORT MYERS LINCOLN MERCURY, INC.

(1)

FILED Jan 28 1998 8:00am Secretary of State



LI MICHO LE SOSIE		ri Mic	FI MIENS FL 33912				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified 10/10/1980			
2. Principal Pi	ace of Business	2a. Maili	ng Address				10/10/1800 4. FEI Number	I	oplied For	
21		26	<u> </u>				59-2039496		ot Applicable	
Suite, Apt. (f, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional	
22		27					5. Certificate of Statos Desired	Fee Re	equired	
City & State	· _	City i	City & State				6. Election Campaign Financing		May Be	
23		28		T			Trust Fund Contribution		to Fees	
Zip	Country	<i>Ζ</i> ιρ		Cour	าเry	'	8. This corporation owes or has paid the curre		tangible ∃ No	
24	25 9. Name and Address of Currer	29	Agent	30			Personal Property Tax due June 30.			
		ir nafisiaian	- Agent		81	Name	(D. Name and Address of from Augustation A	gorn		
	INLON, JOHN									
	00 S. TAMIAMI TRAIL		82 Street Add			Street A	Address (P.O. Box Number is Not Acceptable)			
Fil	MYERS FL 33912			H	83					
				L						
				1	84	City	FL	85 Zip	Code	
11 Pursuant I	o the provisions of Sections 607 050	2 and 607 150	08 Florida Statu	tes the ab	<u>.</u>	l e-named c	corporation submits this statement for the purpose of	L L changing it	ts registered	
office or re	egistered agent, or both, in the State	of Florida. Su	ch change was	authorized	i by	/ the corpo	oration's board of directors. I hereby accept the appo	intment as	registered	
agent. I ar	n familiar with, and accept the oblig	ations of, Sect	ion 607.0505, Fi	iorida Stati	nes	S.				
SIGNATURE .	Signature, typed or printed name of registered age	not and title if apolic	able (NO	IF: Acoistered	Age	en sionalure re	required when reinstating) DATE			
12.	OFFICERS AN			13.	7.00	THE CONTRACTOR OF THE CONTRACT	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12	
TITLE	PD	<u> </u>	☐ DELETE	1.1 TIT	LE			Change	Addition	
NAME	SCANLON JOHN E			1.2 NAI	ME					
STREET ADDRESS	4841 CONOVER CT.			1.3 STF	REET	ADDRESS				
CITY-ST-ZIP	FT. MYERS FL			1.4 CfT	Y-5	IT-ZIP				
TITLE	VPT		DELETE	2.1 TIT	_			Change	Addition	
NAME	SCANLON JOAN			2.2 NA	ME					
STREET ADDRESS	4841 CONOVER CT.			2.3 STF	REE T	ADDRESS				
CITY-ST-ZIP	FT. MYERS FL			2. 4 CI	TY - S	ST · ZIP				
TITLE	8		DEL ETE	3.1 TIT	LE			Change	Addition	
NAME	Brummert, Dorothy			3.2 NAI	ME					
STREET ADDRESS	17495 DUMONT DR.			3.3 STF	REET	ADDRESS				
CITY-ST-ZIP	FT. MYERS FL			3.4. CI	TY - S	ST-ZIP				
TITLE	AS		DELETE	4.1 TITI	LE			Change	Addition	
NAME	Morgan, vonnie			4. 2 NA	ME					
STREET ADDRESS	502 EAST PARK AVE.			4.3 STF	REET	ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL			4.4 C/T		T - ZiP		7 a.		
TITLE			☐ DELETE	5.1 TIT	LE			Change	☐ Addition	
NAME				5.2 NA	ME					
STREET ADDRESS				5.3 STF	REET	ADDRESS				
CITY-ST-ZIP				5.4 CIT		T- ZIP		100	The series	
TITLE			☐ DELETE	6.1 TIT			· ·	Change	Addition	
NAME				6.2 NA						
STREET ADDRESS				6.3 STF	REET	ADDRESS				
CITY-ST-ZIP				6.4 CIT			His October 440 07/09/1 File His October 11 His	(1 (L - 1 a)		
indicated i	on this annual report or supplements	al annual renoi	rt is true ànd ác	curate and	l tha	at my sign	d in Section 119.07(3)(i), Florida Statutes. I further cer nature shall have the same legal effect as if made und	er oath: th	at I am an	
officer or o	firector of the corporation or the record Block 13 if changed, or on an atta	eiver or trusted	empowered to	execute th	nis r	report as r	required by Chapter 607, Florida Statutes; and that m	y name ap	pears in	
DIOCK 12 (e biock is a changed, or on an arra	CHITICHE WITH B	n address.							