

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F08541 (7)

1. Corporation Name

TALLAHASSEE CHRYSLER-PLYMOUTH-DODGE, INC.



Principal Place of Business

2031 HENDRICKS AVENUE  
JACKSONVILLE FL 32207

Mailing Address

2031 HENDRICKS AVENUE  
JACKSONVILLE FL 32207

2. Principal Place of Business

21 2022 Hendricks Avenue

Suite, Apt. #, etc.

22

City & State

23 Jacksonville, FL

Zip

24 32207

Country

2a. Mailing Address

25 2022 Hendricks Avenue

Suite, Apt. #, etc.

27

City & State

28 Jacksonville, FL

Zip

29 32207

Country

30

3. Date Incorporated or Qualified

12/10/1980

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2053290

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

SANDS, J KEITH M ESQ  
FRANSON, ALDRIDGE AND SANDS PA  
1551 ATLANTIC BLVD SUITE 200  
JACKSONVILLE FL 32207

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE VS  
NAME SALEN, SHERRIE W.  
STREET ADDRESS 2031 HENDRICKS AVENUE  
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE CPDT  
NAME MASON, RAYMOND K  
STREET ADDRESS 2031 HENDRICKS AVE  
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VS ☒ Change ☐ Addition  
1.2 NAME Salen, Sherrie W.  
1.3 STREET ADDRESS 2022 Hendricks Avenue  
1.4 CITY-ST-ZIP Jacksonville, FL 32207

2.1 TITLE CPDT ☒ Change ☐ Addition  
2.2 NAME Mason, Raymond K.  
2.3 STREET ADDRESS 2022 Hendricks Avenue  
2.4 CITY-ST-ZIP Jacksonville, FL 32207

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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)(k), 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:

Sherrie W. Salen  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sherrie W. Salen, Secretary

April 29, 1996 (904)396-8166

Date

Daytime Phone #

CR2E034 (12/95)