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May 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 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 2022 HENDRICKS AVENUE JACKSONVILLE FL 32207 US		Mailing Address 2022 HENDRICKS AVENUE JACKSONVILLE FL 32207-3308 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent SANDS, J KEITH M ESO FRANSON, ALDRIDGE AND SANDS PA 1551 ATLANTIC BLVD SUITE 200 JACKSONVILLE FL 32207		3. Date Incorporated or Qualified 12/10/1980 3a. Date of Last Report 05/01/1996 4. FEI Number 59-2053290 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
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: Sherrie W. Salen DATE: 4/30/97		10. Name and Address of New Registered Agent 81 Name Sherrie W. Salen 82 Street Address (P.O. Box Number is Not Acceptable) 83 2022 Hendricks Avenue 84 City Jacksonville, FL 85 Zip Code 32207	
12. OFFICERS AND DIRECTORS TITLE VS NAME SALEN, SHERRIE W. STREET ADDRESS 2022 HENDRICKS AVENUE CITY-ST-ZIP JACKSONVILLE FL TITLE CPDT NAME MASON, RAYMOND K STREET ADDRESS 2022 HENDRICKS AVENUE CITY-ST-ZIP JACKSONVILLE FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do 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: Sherrie W. Salen SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SHERRIE W. SALEN VICE PRESIDENT Date 4/30/97 Daytime Phone # (904) 396-8166			



CR2E034 (9/96)