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FILED
Apr 25 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 # F29448 (0)

1. Corporation Name

GRINER'S CHEVROLET-OLDSMOBILE, INC.

Principal Place of Business

Mailing Address

HWY 19
P.O. BOX 400
CROSS CITY FL 32628

HWY 19
P.O. BOX 400
CROSS CITY FL 32628-0400



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

04/14/1981

3a. Date of Last Report

01/22/1996

4. FEI Number

59-2082083

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

GRINER, KEN D
US HWY 19, P.O. BOX N
CROSS CITY FL 32628

81 Name

ROBERT H. HATCH

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

US Hwy 19 Box 611

83

84 City

CROSS CITY

FL

85 Zip Code

32628

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 fee, if applicable

ROBERT H. HATCH

4-22-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME HATCH, ROBERT H.
STREET ADDRESS PO BOX 611 NA
CITY-ST-ZIP CROSS CITY FL

TITLE STD ☒ DELETE
NAME GRINER, LYNETTA U
STREET ADDRESS PO BOX 1819 NA
CITY-ST-ZIP CHIEFLND FL

TITLE VP ☒ DELETE
NAME GRINER, KEN D.
STREET ADDRESS PO BOX 1819 NA
CITY-ST-ZIP CHIEFLND FL

TITLE D ☐ DELETE
NAME FLOYD, BEN H.
STREET ADDRESS PO BOX 75 NA
CITY-ST-ZIP CROSS CITY FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE VP ☐ Change ☒ Addition
1.2 NAME LINDA F. HATCH
1.3 STREET ADDRESS US HWY 19 P O BOX 611
1.4 CITY-ST-ZIP CROSS CITY FL 32628

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 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

Robert H. Hatch

ROBERT H. HATCH

4-22-97

(252) 408-3370

CR2E034 (9/96)