FILED 2002 UNIFORM BUSINESS REPORT (UBR) Aug 19, 2002 8:00 am Secretary of State DOCUMENT # F29448 08-19-2002 90151 024 ***150.00 GRINER'S CHEVROLET-OLDSMOBILE. INC. Principal Place of Business Mailing Address **HWY 19 HWY 19** P.O. BOX 400 P.O. BOX 400 CROSS CITY FL 32628 CROSS CITY FL 32628 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-2082083 Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HATCH, ROBERT Street Address (P.O. Box Number is Not Acceptable) US HWY 19 BOX 611 CROSS CITY FL 32628 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00

\$5.00 May Be

Zip Code

Applied For

Not Applicable

(See criteria on back)		Make Check Payable to Department of State		Trace and Continuation.	- Adde	1 to Fees	
11. OFFICERS AND DIRECTORS			ECTORS	12.	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME STREET ADDRESS CITY-ST-ZIP	P HATCH, ROBERT H. PO BOX 611 NA CROSS CITY FL		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HATCH, LINDA F US HWY 19 P.O BOX 611 CROSS CITY FL		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	***	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOYD, BEN H. PO BOX 75 NA CROSS CITY FL		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with a process, with all other like empowered.

SIGNATURE:







Griner's Chevrolet Olds

(904) 498-3379

P.O. BOX 400 CROSS CITY, FLORIDA 32628

DIVISION OF CORPORATIONS UNIFORM BUSINESS REPORT FILINGS P O BOX 1500 TALLAHASSEE, FLORIDA-32302-0500-

AS FAR AS OUR RECORDS INDICATE WE DID NOT RECEIVE THE PRIOR NOTICE. WE ARE REQUESTING THE LATE FEE BE WAIVED. THANK YOU FOR YOUR HELP. FEI #59-2082083 DOCUMENT # F29448

ROBERT H. HATCH

PRESIDENT

GRINER"S CHEVROLET-OLDSMOBILE, INC