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FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F93000002405 (9)

1. Corporation Name

MS DEALER SERVICE CORPORATION

Principal Place of Business

877 EXECUTIVE CENTER DR. W.
#205
ST. PETERSBURG FL 33702

Mailing Address

P.O. BOX 6005
RIDGELAND MS 39158-6005

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1993

4. FEI Number

64-0622117

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

61 Name

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

63

64 City

FL

65 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE AS
NAME KETTLESTRINGS, JOE
STREET ADDRESS 877 EXECUTIVE CENTER DR W 205
CITY-ST-ZIP ST PETERSBURG FL ☐ DELETE

TITLE PD
NAME FURMAN, ROBERT S
STREET ADDRESS 715 S. PEAR ORCHARD RD., STE. 400
CITY-ST-ZIP RIDGELAND MS 39157 ☐ DELETE

TITLE DC
NAME STUART, JAMES B JR.
STREET ADDRESS 715 S. PEAR ORCHARD RD., STE. 400
CITY-ST-ZIP RIDGELAND MS ☐ DELETE

TITLE DS
NAME HOGUE, HAROLD A
STREET ADDRESS 715 S. PEAR ORCHARD RD., STE. 400
CITY-ST-ZIP RIDGELAND MS 39157 ☐ DELETE

TITLE D
NAME HERRIN, CARL
STREET ADDRESS HIGH ST. AT -55 N.
CITY-ST-ZIP JACKSON MS ☐ DELETE

TITLE T
NAME MCBRAYER, JAMES D
STREET ADDRESS 877 EXECUTIVE CENTER DR. WEST, #205
CITY-ST-ZIP ST. PETERSBURG FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP
1.2 NAME Jimmy C. Murray
1.3 STREET ADDRESS 877 Executive Cntr Dr W 205
1.4 CITY-ST-ZIP St. Petersburg, FL ☐ Change ☒ Addition

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

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

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

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

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

14. I 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 registered agent 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:

[Signature]
SIGNATURE OF REGISTERED AGENT

1-28-98 601-978-6132

CR2E034 (10/97)