

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90070 028 ***150.00

DOCUMENT # F93000002405

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

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME KETTLESTRINGS, JOE
STREET ADDRESS 877 EXECUTIVE CENTER DR W 205
CITY-STATE-ZIP ST PETERSBURG FL 33702

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

V/S/D

JOHN E. GOUGH

715 S. PEAR ORCHARD RD., STE 400
RIDGELAND, MS 39157

☐ Change

☒ Addition

TITLE ☐ DELETE

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

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

V/D

MIKE D. ANDERSON

715 S. PEAR ORCHARD RD. STE 400
RIDGELAND, MS 39157

☐ Change

☒ Addition

TITLE ☒ DELETE

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

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

V/D

JIMMY C. MURRAY

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

☐ Change

☒ Addition

TITLE ☐ DELETE

NAME D/V
HOGUE, HAROLD A
STREET ADDRESS 715 S. PEAR ORCHARD RD., STE. 400
CITY-STATE-ZIP RIDGELAND MS 39157

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE ☒ DELETE

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

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

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

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☒ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01(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, with all other like empowered.

SIGNATURE:

Harold A. Hogue

HAROLD A. HOGUE

4/23/99

(601) 978-6732

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)