

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

PROFIT
CORPORATION
ANNUAL REPORT
2000



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

FILED
May 02, 2000 8:00 am
Secretary of State

DOCUMENT # F93000002405

1. Corporation Name

MS DEALER SERVICE CORPORATION



Principal Place of Business

Mailing Address

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

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

400 CARILLON PARKWAY

26

Suite, Apt. #, etc

Suite, Apt. #, etc

STE 300

27

City & State

City & State

ST. PETERSBURG, FL

28

Zip

Country

Zip

Country

33716

29

30

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
V	KETTLESTRINGS, JOE	877-EXECUTIVE CENTER DR W-205-	ST PETERSBURG FL	<input type="checkbox"/>
PD	FURMAN, ROBERT S	715 S. PEAR ORCHARD RD., STE. 400	RIDGELAND MS 39157	<input type="checkbox"/>
DVS	GOUGH, JOHN E.	715 S. PEAR ORCHARD RD., STE. 400	RIDGELAND MS	<input checked="" type="checkbox"/>
HOGUE, HAROLD A		715 S. PEAR ORCHARD RD., STE. 400	RIDGELAND MS 39157	<input checked="" type="checkbox"/>
D V	ANDERSON, MICHAEL D.	715 S. PEAR ORCHARD RD. STE 400	RIDGELAND, MS 39157	<input type="checkbox"/>
T D	MCBRAYER, JAMES D	715 S. PEAR ORCHARD RD. STE 400	RIDGELAND, MS 39157	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
400 CARILLON PARKWAY STE 300			ST. PETERSBURG, FL 33716	<input type="checkbox"/>
000003280340--5			-06/07/00--01024--015	<input type="checkbox"/>
***150.00			***150.00	<input type="checkbox"/>

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 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

John E. Gough

JOHN E. GOUGH 4/20/2000 (601)978-6732