FILED
Jun 14, 2001 8:00 am
Secretary of State

06-14-2001 90014 033 ***550.00

DOCUMENT # F93000002405

1. Entity Name

MS Dealer Service Corporation

Principal Place of Business | Mailing Address

A0073268

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
400 Carillon Pkwy	P. O. Box 6005
Suite, Apt. #, etc.: Ste.300	Suite, Apt. #, etc.
City & State: St. Petersburg,FL	City & State: Ridgeland, MS
Zip: 33716 Country: USA	Zip: 39158-6005 Country: USA

4. FEI Number: 64-0622117 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C. T. Corporation
1200 S. Pine Island Rd.
Plantation, FL 33324

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILING FEE: $550.00
After MAY 1, 2001, Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Robert S. Furman 400 Carillon Pkwy St.Petersburg, FL 33716	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary John E. Gough 715 S. Pear Orchard Rd. Ridgeland, MS 39158	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer James D. McBrayer 715 S. Pear Orchard Rd. Ridgeland, MS 39158	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Michael D. Anderson 400 Carillon Pkwy St. Petersburg, FL 33716	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Dwayne Hawkins 400 Carillon Pkwy St. Petersburg, FL 33716	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Jimmy C. Murray 400 Carillon Pkwy St. Petersburg, FL 33716	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

13. 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 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 an address, with all other like empowered.

SIGNATURE: John E. Gough Secretary June 4, 2001 (601 978-6732

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #