

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 27 1997 8:00am
Secretary of State

DOCUMENT # F93000004937 (9)

1. Corporation Name
STARKE FORD-MERCURY, INC.

Principal Place of Business

RT. 4, HIGHWAY 301 SOUTH
STARKE FL 32091
US

Mailing Address

P.O. BOX 940
STARKE FL 32091-0940
US

2. Principal Place of Business

21 13447 US Hwy 301 So.
Suite, Apt. #, etc.

22 City & State

23 STARKE FL
Zip Country

24 32091 25 US

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30 30

3. Date Incorporated or Qualified

11/01/1993

3a. Date of Last Report

02/21/1996

4. FEI Number

59-3208048

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

TITLE P
NAME LINCOLN, E N
STREET ADDRESS SPRINGWOOD VILLAGE, APT. 114-D
CITY-STATE-ZIP LONGWOOD FL 32750

TITLE VD
NAME KILBRIDE, B L
STREET ADDRESS 300 RENAISSANCE CENTER
CITY-STATE-ZIP DETROIT MI 48243

TITLE D
NAME CHILDS, L. C.
STREET ADDRESS 1455 LINCOLN PARKWAY STE. 450
CITY-STATE-ZIP ATLANTA GA

TITLE ASD
NAME KATARIA, B P
STREET ADDRESS 300 RENAISSANCE CENTER
CITY-STATE-ZIP DETROIT MI 48243

TITLE D
NAME VESSECHIA, B J
STREET ADDRESS 300 RENAISSANCE CENTER
CITY-STATE-ZIP DETROIT MI 48243

TITLE ST
NAME BOATRIGHT, H. C.
STREET ADDRESS RT. 1 BOX 757
CITY-STATE-ZIP STARKE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

14. I do 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELMER N LINCOLN

2/21/97

904-964-7200

CR2E034 (9/96)