

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 19, 1999 8:00 am
Secretary of State

04-19-1999 90009 004 ***158.75

DOCUMENT # F93000004937

1. Corporation Name

STARKE FORD-MERCURY, INC.

Principal Place of Business

13447 US HWY 301 S
STARKE FL 32091
US

Mailing Address

P.O. BOX 940
STARKE FL 32091
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1993

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 owes the current year Intangible
Personal Property Tax.



Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

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-ST-ZIP LONGWOOD FL 32750
☒ DELETE

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

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P, D.
1.2 NAME DORSEY, T.D.
1.3 STREET ADDRESS 1455 LINCOLN PARKWAY, STE 450
1.4 CITY-ST-ZIP ATLANTA, GA.
☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99
Date

904-984-7200
Daytime Phone #

CR2E034 (11/98)