FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 11 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94853 (1)

1. Corporation Name

CARUSO CHRYSLER PLYMOUTH JEEP EAGLE INC.

Principal Place of Business	Mailing Address
1750 Southside Blvd. P. O. Box 16129 Jacksonville, FL. 32216	1750 Southside Blvd. P. O. Box 16129 Jacksonville, FL. 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/01/82
3a. Date of Last Report: 03/31/94

2. Principal Place of Business
21 1750 Southside Blvd.
Suite, Apt. #, etc. 22
City & State 23 Jacksonville, FL.
Zip 24 32216 Country 25 USA

2a. Mailing Address
26 P. O. Box 16129
Suite, Apt. #, etc. 27
City & State 28 Jacksonville, FL.
Zip 29 32245 Country 30 USA

4. FEI Number: 59-2213687 ☐ 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

Caruso, J.E.
345 Ponte Vedra Blvd.
Ponte Vedra Beach, FL. 32082

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Caruso, John E. 345 Ponte Vedra Blvd. Ponte Vedra Beach, FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Caruso, Jo Ann 345 Ponte Vedra Blvd. Ponte Vedra Beach, FL.	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition 700001454487 -04/12/95--01068--012 ****200.00 ****200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Caruso, John M. 2135 Ivygail Drive Jacksonville, FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Shashy, Laurie C. 1750 Southside Blvd Jacksonville, FL	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Miller, Kathleen J. 1750 Southside Blvd Jacksonville, FL	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition CH

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 the 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.

SIGNATURE: _____ 3-20-95 (904) 725-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #