

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000002921 (2)**

1. Corporation Name

CHARLOTTE AUTOMOTIVE, INC.

Principal Place of Business

**1252 TAMiami TRAIL
PT CHARLOTTE FL 33953**

Mailing Address

**1252 TAMiami TRAIL
PT CHARLOTTE FL 33953-3811**

3. Date Incorporated or Qualified

06/10/1986

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

PO Box 719

26 Suite, Apt. #, etc.

27 City & State

Moline Illinois

28 Zip

61266-0719

29 Country

US

4. FEI Number

65-0659859

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

**STUCKER, ROBERT W
1220 E. INDUSTRIAL DR.
ORANGE CITY FL 32763**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	POC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, CHARLES W	1.2 NAME	
STREET ADDRESS	1252 TAMiami TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE FL 33953	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERIFF, FRANK	2.2 NAME	
STREET ADDRESS	1252 TAMiami TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE FL 33953	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLOVER, JOHN A JR	3.2 NAME	
STREET ADDRESS	508 15TH ST., #800	3.3 STREET ADDRESS	
CITY-ST-ZIP	MOLINE IL 61265	3.4 CITY-ST-ZIP	
TITLE	TDC	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUCKER, ROBERT W	4.2 NAME	Stucker, Robert W
STREET ADDRESS	1220 E. INDUSTRIAL DR.	4.3 STREET ADDRESS	1220 E Industrial Dr
CITY-ST-ZIP	ORANGE CITY FL 32763	4.4 CITY-ST-ZIP	Orange City FL 32763
TITLE	DC	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, CHARLES W	5.2 NAME	
STREET ADDRESS	1252 TAMiami TRAIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE FL 33953	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, WENDELL H	6.2 NAME	Moore, Wendell H
STREET ADDRESS	2751 MORTON DR.	6.3 STREET ADDRESS	2751 Morton Dr
CITY-ST-ZIP	E. MOLINE IL 61244	6.4 CITY-ST-ZIP	East Moline, IL 61244

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:

John A. Slover
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #

0407780

CR2E034 (9/96)