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002289K

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90023 023 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # F98000004098

1. Corporation Name  
**GALAXY BUICK, INC.**

Principal Place of Business Mailing Address  
 354 NORTH BEACH STREET 354 NORTH BEACH STREET  
 DAYTONA BEACH FL 32144 DAYTONA BEACH FL 32144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/20/1998**

4. FEI Number **59-3522289** 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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 **32114** 25 29 **32114** 30

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
 NAME **P THIGPEN JR, ROBERT E**  
 STREET ADDRESS **354 NORTH BEACH STREET**  
 CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE  DELETE  
 NAME **SD ANDERSON, LOWELL K**  
 STREET ADDRESS **5730 GLENRIDGE DR., STE 404**  
 CITY-ST-ZIP **ATLANTA GA**

TITLE  DELETE  
 NAME **D MARCH, ANTHONY**  
 STREET ADDRESS **354 NORTH BEACH STREET**  
 CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE  DELETE  
 NAME **D HODGE, ERNEST M**  
 STREET ADDRESS **354 NORTH BEACH STREET**  
 CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE  DELETE  
 NAME **D STEFFES, WILLIAM J**  
 STREET ADDRESS **100 RENAISSANCE CENTER**  
 CITY-ST-ZIP **DETROIT MI**

TITLE  DELETE  
 NAME **D MURDOCK, STEVEN E**  
 STREET ADDRESS **100 RENAISSANCE CENTER**  
 CITY-ST-ZIP **DETROIT MI**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
**ST EDIE C. MCKNIGHT**

1.2 NAME  
**EDIE C. MCKNIGHT**

1.3 STREET ADDRESS  
**354 N. BEACH STREET**

1.4 CITY-ST-ZIP  
**DAYTONA BEACH, FL**

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: \_\_\_\_\_ DATE: **1/15/99** DAYTIME PHONE #: **904-252-2273**

CR2E034 (1/198)