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Secretary of State
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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # F98000005359

1. Corporation Name
SATURN RETAIL OF NORTH FLORIDA, INC.

Principal Place of Business	Mailing Address
10863 PHILLIPS HWY. JACKSONVILLE FL 32256	10863 PHILLIPS HWY. JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/24/1998

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (28)

Zip (24) Country (25)

Zip (29) Country (30)

4. FEI Number: APPLIED FOR 62-1755373 ☐ 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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☑ DELETE	1.1 TITLE	President	☐ Change ☐ Addition
NAME	GRIFFIN, STEVE W		1.2 NAME	Pounds, David	
STREET ADDRESS	9307 CHEVOIT HILLS		1.3 STREET ADDRESS	10863 Phillips Hwy.	
CITY-ST-ZIP	BRENTWOOD TN 37027		1.4 CITY-ST-ZIP	Jacksonville, Fl. 32256	
TITLE	DV	☑ DELETE	2.1 TITLE	vice President	☐ Change ☐ Addition
NAME	CRANER, JIM		2.2 NAME	Griffin, Steve	
STREET ADDRESS	1000 GREEN HILLS COVE		2.3 STREET ADDRESS	100 Saturn Parkway	
CITY-ST-ZIP	BRENTWOOD TN 37027		2.4 CITY-ST-ZIP	Springhill, Tennessee 37174	
TITLE	ST	☐ DELETE	3.1 TITLE	Brown, Heather	☐ Change ☐ Addition
NAME	BROWN, HEATHER		3.2 NAME	secretary / treasurer	
STREET ADDRESS	306 HANLEY LANE		3.3 STREET ADDRESS	100 Saturn Parkway	
CITY-ST-ZIP	FRANKLIN TN 37069		3.4 CITY-ST-ZIP	Springhill, TN. 37174	
TITLE	D	☑ DELETE	4.1 TITLE	Vice President	☐ Change ☐ Addition
NAME	LAJDZIAK, JILL		4.2 NAME	craner, James L.	
STREET ADDRESS	27 BEVERLY RD		4.3 STREET ADDRESS	100 Saturn Parkway	
CITY-ST-ZIP	GROSSE POINT FARMS MI 48236		4.4 CITY-ST-ZIP	Springhill, TN 37174	
TITLE	D	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TOPORZYCKI, ED		5.2 NAME		
STREET ADDRESS	9455 CHAUCER CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	BRENTWOOD TN 37027		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: Heather L. Brown 3/30/99
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL DATE