1-15-98 B-00605-C

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# Jan 15 1998 8:00am
# Secretary of State

PROFIT CORPORATION ANNUAL REPORT

**1998**

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

DOCUMENT # G06639 (0)

1. Corporation Name
**SQUARE DEAL USED CARS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 12900 STARKEY RD #1<br>LARGO FL 34643 | 12900 STARKEY RD #1<br>LARGO FL 34643 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/01/1982

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 12900 STARKEY Rd #1 | 26 12900 STARKEY Rd #1 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 LARGO FL | City & State 28 LARGO FL |
| Zip 24 33773-1434 Country 25 | Zip 29 33773-1434 Country 30 |

4. FEI Number: 59-2231813 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| CLARK, GREGORY D<br>18167 U.S. 19, NORTH<br>HARBOURSIDE, SUITE 560<br>CLEARWATER FL 34624 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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's 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 | TS | ☐ DELETE | 1.1 TITLE | TS | ☒ Change ☐ Addition |
| NAME | LEDFORD, MARY E | | 1.2 NAME | LEDFORD, MARY E | |
| STREET ADDRESS | 11110 ELMHURST DR. N. | | 1.3 STREET ADDRESS | 11110 ELMHURST DR | |
| CITY-ST-ZIP | PINELLAS PARK FL | | 1.4 CITY-ST-ZIP | PINELLAS PARK FL 33782-2033 | |
| TITLE | P | ☐ DELETE | 2.1 TITLE | | ☒ Change ☐ Addition |
| NAME | LEDFORD, CLARENCE E | | 2.2 NAME | | |
| STREET ADDRESS | 11110 ELMHURST DR | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PINELLAS PARK FL | | 2.4 CITY-ST-ZIP | 33782-2033 | |
| TITLE | V | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LEDFORD, MICHAEL A. | | 3.2 NAME | | |
| STREET ADDRESS | 1520 ADAMS CIRCLE E | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LARGO FL 33771 | | 3.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 | | |

CR2E034 (10/97)

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.

**SIGNATURE:** Mary E. Ledford TS/ MARY E. LEDFORD 1/5/98 813 585-2778