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OF STATE
CORPORATIONS
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CORPORATION
ANNUAL REPORT
CORPORATIONS 1995

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:58

DOCUMENT # **G60061** (0)
1. Corporation Name
BLOUNT BUICK-GMC-TRUCK, INC.

Principal Place of Business Mailing Address
1/2 HENRY L. GRAY, JR. **5200 NEWBERRY ROAD**
2101 NORTH MAIN STREET **SUITE E-9**
GAINESVILLE FL 32602 **P O BOX 1646** **GAINESVILLE FL 32607**
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/19/1983** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2327951** 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. 109.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **5341 SW 91st Terr**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite A**
City & State City & State
23 **Gainesville FL**
Zip Country Zip Country
24 **32608** 25 **Alachua**

9. Name and Address of Current Registered Agent
BLOUNT, CHARLES L.
423 SW 93RD ST.
GAINESVILLE FL 32608

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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	STD
NAME	BLOUNT, CHARLES L.
STREET ADDRESS	423 SW 93RD ST.
CITY - ST - ZIP	GAINESVILLE FL
TITLE	P
NAME	BLOUNT, CHARLES L.
STREET ADDRESS	423 SW 93RD ST.
CITY - ST - ZIP	GAINESVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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)(k), 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 unchanged, or on an attachment with an addendum.

SIGNATURE: *Charles Blount* **4-25-95** **904/331-8625**
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR **Charles Blount**