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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G95533

(7)

RIDGE CHEVROLET-OLDSMOBILE, INC.

1

FILED						
Mar 09 1998 8:00am						
Secretary of State						

THE GILLANGET OF STANDER, MAC.					### 878 ## \$180 #### ###############################	
Principal Place of Busin	ooss	Mailing Address				
36922 HWY 54 W		P. O. BOX 637				
ZEPHYRHILLS FL 33541		ZEPHYRHILLS FL 33539		DO NOT WRITE IN	THIS SPACE	
US		US		3. Date Incorporated or Qualified	TITIO DI AGE	
				04/10/1984		
2. Principal Place of Bi	isiness	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2400942	Not Applicable	
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State		City & State		& Floation Communican Financian		
23		28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid		
24	25	29	30	Personal Property Tax due June 30	) XXX Yes ☐ No │	
	me and Address of Current I	Registered Agent	B1 Name	10. Name and Address of New Regis	stered Agent	
FOSTER, H			81 Name			
36822 CR 54 WEST			B2 Street Addr	ress (P.O. Box Number is Not Acceptable		
ZEPHYRHILLS FL 33541			83		· · · · · · · · · · · · · · · · · · ·	
				, , , , , , , , , , , , , , , , , , , ,		
li			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			mod Sidid,00			
Signature, ty	ped or printed name of togistered agent		Registered Agent signature requir	red when reinstating)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE		
TITLE PD	FD 11400V44	☐ DELETE	1.1 TITLE		Change  Addition	
	ER, HARRY M.		1.2 NAME			
	ROYAL PASS ROAD A FL 33606		1.3 STREET ADDRESS			
CITY-ST-ZIP TAMP	K FL 33000	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition	
· • • • • • • • • • • • • • • • • • • •	ERT, GEORGE H.		2.2 NAME			
	HESPERIDES STREET		2 3 STREET ADDRESS			
	A FL 33609		2 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3 1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. CiTY-ST-ZiP		The control of the co	
NAME		☐ pereie	4.1 TITLE		Change Addition	
STREET ADDRESS			4 2 NAME			
CITY-ST-ZIP			4.3 STREET ADDRESS 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 ADORESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	the information supplied with	this filling done not qualify to	6.4 CITY-ST-ZiP	Section 119 07(3)(i) Florida Statutes I fui	that cartify that the information	

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 amoust report or supplemental armual 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: Flores

GEORGE H. PASKERT

(012)702\_1520