

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

	1999	CONTROL OF	DIVISION OF CORPORA		DN2	99 HAR 21, DV 12, 15		
DOCUMENT # H06855  1. Corporation Name WARREN LINDSEY AUTO SALES, INC.					99 MAR 24 PM 12: 15  SLUAL MAI OF STATE TALLAMASSEE, FLORIDA			
Principal Place of Business Mailing Address  606 N. 11TH STREET  OUINCY FL 32351  Mailing Address  606 N. 11TH STREET  OUINCY FL 32351						DO NOT WRITE IN T	18 10 10 10 10 10 10 10 10 10 10 10 10 10	
2. Principal P. 21 Suite, Apt 22 City & State 23 Zip		26   S   27   C   28	Mailing Address uitle, Apt. #, etc.  Sity & State	Country		06/07/1984 4. EET Number 59-2420643 5. Gerbland of Status Desired [ ] 6. Election Campulgri Financing Trust Fund Contribution 8. This corporation owes the current year	Applied For Not Applied For Not Applied For Serviced Fee Required \$5.00 May Be Added to Fees Internable	
24 25 29 30  9. Name and Address of Current Registered Agent  LINDSEY, WARREN 606 N. 11TH STREET  QUINCY FL 32351				81 82 83	Name Stréet Addr	Personal Property Tax Li Yes Li No 10. Name and Address of New Registered Agent		
office or re agent. I as SIGNATURE	to the provisions of Secti egislered agent, or both, in familiar with, and acce	in the State of Florida. pt the obligations of, S	Such change was au ection 607,0505, Flori	thorized by t ida Statutes	he corporatio	poration submits this statement for the purpose on's board of directors. Thereby accept the ap	EL 85 Zip Code of clanging its registered appointment as registered	
12. TITLE NAME STREET ADDRESS		FICERS AND DIRECT		13, 11 Tale 12 NAME 13 STREET		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 {   Change   [   Addition	

QUINCY FL CITY-ST-ZIP 14 CITY-ST-ZIF DELFTE TITLE 21 TITLE LINDSEY, AMY NAME 2.2 NAME 606 N 11TH ST. STREET ADDRESS 2.3 STREET ADDRESS QUINCY FL 2 4 CITY-ST-ZiF CITY-ST-ZIP [ | DELETE TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZP 34 CITY-ST-ZIF DELETE 4.1 Title TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP [ | DELETE 5 1 TIFLE TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS

[ | DELETE

700002816797-[Mm]\*\*\*\*150.00 \*\*\*\*150.00

FIL.ED

[ | Change | [ | Addition

[ | Change

I I Change

[]Change A Add O

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(f). 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 corporation or the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 13 if changed, ohon an attachment with an address, with all other like empowered.

5.4 CHY-S1-269

63 STREET ADDRESS

6.4 CITY+S7-ZIP

617IIIF

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

C/TY-ST-ZIP

TITLE

NAME

STATURE AND TYPED OF PRINTED LAND OF JOHN OF FICER OR DIRECTOR

3-20-99 850-576-3809

CR2E034 (11/98)

[ | Addition

[ ] Addition