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

FILED May 16 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # H59839 (1)GULF SHORES AUTO SALES, INC. Principal Place of Business Mailing Address 4809 HIGHWAY 82 E. 4809 HIGHWAY 92 E. LAKELAND FI. 33801-9585 LAKELAND FL 33801 3. Date Incorporated or Qualified 3a. Date of Last Report 06/03/1985 04/25/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-2661023 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζφ Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TRUDELL, DENISE M 510 EMPRESS WAY 82 Street Address (P.O. Box Number is Not Acceptable) **LAKELAND FL 33803 B**3 84 City 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 Statutos. SIGNATURE. Signature, typnd or printed name of registered agent and title it applicable. (NOT) Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96/6) Change Addition TITLE DELETE 1.1 TITLE TRUDELL, DENISE M NAME 1.2 NAME **510 EMPRESS WAY** STREET ADDRESS 1.3 STREET ADDRESS LAKELAND FL 33803 CITY-ST-ZIP :1.4 CITY - ST - ZIP DELETE Change TITLE 21 TILLE Addition NAME 2.2 NAMI STREET ADDRESS 2 3 STREET ADDRESS CITY-\$T-ZIP 2.4 CITY-ST-2IF DELETE Change Addition TITLE 31 Tille NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 101.6 NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 1016 Change Addition

4-20-97 941-666-1641 SIGNATURE:

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filling 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 eath; 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.

NAME

STREET ADDRESS