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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H79053

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

RUTLAND'S AUTOMOTIVE GROUP, INC.

Principal Place of Business		Mailing Address		(100154) Butt logis, lavit salet etter itm at		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
7825 RAMONA BLVD.		7825 RAMONA BLVD.					
JACKSONVILLE FL 32221		JACKSONVILLE FL 32221		DO NOT WRITE IN T	HIS SPACE		
					3. Date Incorporated or Qualifed		
					10/03/1985		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21		26			59-2634210		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A		
22		27				Fee Rec	
City & State)	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to	,
23	Country	28	Country		This corporation owes the current year		J 1 663
Zip	25	29 3	⊸ ′		Personal Property Tax.		□No
24	9. Name and Address of Current		<u> </u>		10. Name and Address of New Register	red Agent	
	D. Hulling Block (was an art and art		81	Name			
NICHOLS, ROBERT C.			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)		
1050 RIVERSIDE AVENUE			02	Street At	datess (F.O. Box Number is Not Acceptable)		
JACKSONVILLE FL 32204			83				
			84	City		85 Zip C	Code
				•	orporation submits this statement for the purpos	F L	
office or re agent. I as	egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agen	of Florida. Such change was auti tions of, Section 607.0505, Florid	horized by la Statutes egistered Ager	tne corpora	uired when reinstating) OATE	ppointment as reg	yiştered
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE			1.1 TITLE			☐ Change	Addition
NAME	110,12412, 0002111 111		1.2 NAME				
STREET ADDRESS	7 020 10 Miles in 1 021 21			ADDRESS			
CITY-ST-ZIP			1.4 CITY-S	T-ZIP		Change	Addition
TITLE	-		2.1 TITLE				
NAME	TORE DANGERS BLUD		2.2 NAME 2.3 STREE	r ADDDESS			
STREET ADDRESS	1		2.4 CITY-5	ì			l
CITY-ST-ZIP TITLE			3.1 TITLE	31-21		☐ Change	Addition (
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			3.4. CITY- S				
TITLE			4.1 TITLE		,	Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	·		
TITLE		☐ DELETE	5.1 TITLE			Change	Addition Addition
NAME			5.2 NAME				
_STREET_ADDRESS			5.3 STREE	TADDRESS			<i>3</i>
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: MARIA

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90075 005 ***150.00