

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

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90048 025 ***150.00

DOCUMENT # H83807

1. Corporation Name

TREASURE COAST NISSAN, INC.

Principal Place of Business

946 U.S. 1 SOUTH
VERO BEACH FL 32962

Mailing Address

948 U S 1 SOUTH
VERO BEACH FL 32962
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1985

4. FEI Number

59-2598006

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 owes the current year intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 3300 Twin Lakes Terrace

Suite, Apt. #, etc.

22 Apt. 104

City & State

23 Fort Pierce, FL

Zip

24 34951

Country

25 USA

2a. Mailing Address

26 3300 Twin Lakes Terrace

Suite, Apt. #, etc.

27 Apt. 104

City & State

28 Fort Pierce, FL

Zip

29 34951

Country

30 USA

9. Name and Address of Current Registered Agent

HANKINS, JAY B
948 U S 1 SOUTH
VERO BEACH FL 32962

10. Name and Address of New Registered Agent

81 Name

Jay B. Hankins

82 Street Address (P.O. Box Number is Not Acceptable)

3300 Twin Lakes Terrace

83

APT. 104

84 City

Fort Pierce

FL

85 Zip Code

34951

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME HANKINS, L. F.

STREET ADDRESS 948 U S 1 SOUTH

CITY-ST-ZIP VERO BEACH FL 32962

TITLE VS ☐ DELETE

NAME HANKINS, PHYLLIS

STREET ADDRESS 948 U S HWY 1 SOUTH

CITY-ST-ZIP VERO BCH FL 32962

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME L. J. Hankins

1.3 STREET ADDRESS 3300 Twin Lakes Terrace, #104

1.4 CITY-ST-ZIP Fort Pierce, FL 34951

2.1 TITLE VS ☐ Change ☐ Addition

2.2 NAME Phyllis Hankins

2.3 STREET ADDRESS 3300 Twin Lakes Terrace, #104

2.4 CITY-ST-ZIP Fort Pierce, FL 34951

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

PHYLLIS HANKINS

3/29/99

Date

561-559-6175

Daytime Phone #

CR2E034 (11/98)