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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J03924

(4)

GILLEY'S AUTOMOTIVE INC.

Mailing Address Principal Place of Business 4447 SOUTH MILITARY TRAIL 4447 SOUTH MILITARY TRAIL LAKE WORTH FL 33463-4611 LAKE WORTH FL 33463 3. Date Incorporated or Qualified 3a. Date of Last Report 03/14/1986 01/22/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-265 1925 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GILLEY, MIKE 4447 SOUTH MILITARY TRAIL 82 Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33463 83 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. Familiar with and accept the obligations of Section 607,0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed rame of registered agent and title. Lapplicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE DP 1.1 TITLE TATLE NAME GILLEY, MIKE 1.2 NAME 4447 S. MILITARY TRAIL 1.3 STREET ADDRESS STREET ADDRESS LAKE WORTH FL 1.4 CITY - ST - ZIP CITY-ST-7F Addition DELETE Change 2.1 TITLE THE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change ___ Addition 3.1 TITLE THLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change ☐ Addition 4.1 TITLE TILLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP 0/TY-S1-2/P ☐ Addition DELETE ___ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP ___ Change Addition DELETE 6.1 TITLE TIELE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIE

SIGNATURE:

14. I do hereby certify that the information supplied with this filing does not quality 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.

FILED

Feb 07 1997 8:00am

Secretary of State