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

FILED Apr 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # J43488 (2)COURTESY LINCOLN-MERCURY, INC. Principal Place of Business Mailing Address 9204 ADAMO DR 9204 ADAMO DR TAMPA FL 33619 **TAMPA FL 33619** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>11/19/1986</u> 2. Principal Place of Business 2a. Mailing Address Applied For 59-2205094 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Z_{1D} Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent 81 Name BETTS, JAMES R. ESQ. FOWLER, WHITE ET AL Street Address (P.O. Box Number is Not Acceptable) 501 E KENNEDY BLVD STE 1700 83 TAMPA FL 33602 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fforida 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, Fforida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and tele if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE PTD 1.1 TITLE Addition NAME WOOLEY, J.I. 1.2 NAME 3800 W. HILLSBOROUGH AVE STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change Addition ۷D 2.1 TITLE **WOOLEY, MILLARD JAY** NAME 2.2 NAME 3800 W HILLSBOROUGH STREET ADDRESS 2.3 STREET ADDRESS **Tam**pa Fl CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE STD 3.1 TITLE ☐ Change Addition TEW, DOUGLAS M. NAME 3.2 NAME 3800 W HILLSBOROUGH STREET ADDRESS 3.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 3.4 CITY-ST-ZIP DFLETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6 1 TITLE NAME 62 NAME

14. Thereby 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 13 if changed, or on an attachment with an address 4/8/98 (813) 621-7747 Douglas M. Tew

63 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP