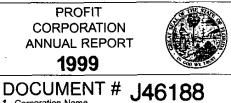
PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



Secretary of State **DIVISION OF CORPORATIONS** 

## FILED May 06, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris

05-06-1999 90123 017 \*\*\*150.00



| TALLAHA  | ASSEE TOYOTA, INC.  |  |  |                       |        |                         |   |   |                 |                             |
|--|---|--|--|-----------------------|--------|-------------------------|---|---|-----------------|-----------------------------|
| Principal Place                                    | e of Business   | Mailing Address  |  |                       | ····   |                         | - 1 (40)())D 0331 33010 63101 5                   | <b>                                    </b> | E               |                             |
| 3705 W TENNESEE ST                                 |   |  |  |                       |        |                         | DO NOT  | WRITE IN THIS                               | SPACE           |                             |
| 0.5  |   | 00   |  |                       |        |                         | 3. Date Incorporated or Qua                       | lifed                                       |                 |                             |
|  |   |  |  |                       |        |                         | 12/09/1986<br>4. FEI Number                       |   | T Ar            | anlied For                  |
| 2. Principal Place of Business 2a. Mailing Address |   |  |  |                       |        |                         |   |   | _ <b>⊢</b> ⊢∸   | oplied For<br>ot Applicable |
| 26     Suite, Apt. #, etc.   Suite, Apt. #, etc.   |   |  |  |                       |        |                         | 62-1300421  |   |                 | Additional                  |
| Suite, Apt. #, etc.  Suite, Apt. #, etc.  22  27   |   |  |  |                       |        |                         | 5. Certifcate of Status Desir                     | ed 🗀<br>                                    | Fee Re          | equired                     |
| City & State City & State                          |   |  |  |                       |        |                         | 6. Election Campaign Finan                        | cing  |                 | May Be                      |
| 23   | 28  |  |  |                       |        | Trust Fund Contribution |   |   | to Fees         |                             |
| Žip  | Country   | Zip  | Cour                                       | ntry                  |        |                         | 8. This corporation owes the                      | current year Int                            | angible<br>□Yes | <b>X</b> )No                |
| 24   | 25  | 29   | 30   |                       |        |                         | Personal Property Tax.  10. Name and Address of N | lew Penistered                              |                 | 20110                       |
|  | 9. Name and Address of Curre  | nt Registered Agent  |  | 81                    | Nam    | e                       | IV. Maine and Address of the                      | ew registered                               |                 | _                           |
| FUTT   | RELL, MICHAEL   |  |  | $\Box$                |        |                         |   |   |                 |                             |
| 3705 W TENNESSEE STREET                            |   |  |  | 82 Street Add         |        |                         | ss (P.O. Box Number is Not Ad                     | cceptable)                                  |                 | l l                         |
| TALLAHASSEE FL 32304                               |   |  |  | 83                    |        |                         |   |   |                 |                             |
|  |   |  |  | _                     |        |                         |   |   | Table:          | 0-4-                        |
|  |   |  | 1  | 84                    | City   |                         |   | FL  | 85 Zip          | Code                        |
| office or r  | to the provisions of Sections 607.05t registered agent, or both, in the State or familiar with, and accept the obligation of the state | of Florida. Such change was a ations of, Section 607.0505, Florida.  PRESIDENT  Int and title if applicable. (NOTE | iuthorized<br>orida Statu<br>E: Registered | by<br>ites.           | the co | poration                | when reinstalling)                                | 4/29/99<br>DATE                             |                 |                             |
| 12.  |   | ND DIRECTORS   | 13.  | _                     |        |                         | ADDITIONS/CHANGES TO                              | O OFFICERS AN                               |                 | ORS IN 12<br>☐ Addition     |
| TITLE  | DST   | DELETE   | 1,1 TIT                                    |                       |        |                         |   |   | Change          | ☐ Addition                  |
| NAME   | LEWIS, W. ASHTON  |  | 1.2 NAME                                   |                       | 1      |                         |   |   |                 |                             |
| STREET ADDRESS                                     | [   |  | 1,3 STREET ADDRESS<br>1,4 CITY-ST-ZIP      |                       | is     |                         |   |   |                 |                             |
| CITY-ST-ZIP  | CHESAPEAKE VA   | DELETE   | -  | T- ZIP                | +      |                         |   | Change                                      | Addition        |                             |
| TITLE  | <u> </u>  |  |  | 2.1 TITLE<br>2.2 NAME |        |                         |   |   | C) oversão      |                             |
| NAME   | Officer, more in  |  |  | 2.3 STREET ADDRESS    |        |                         |   |   |                 | 1                           |
| STREET ADDRESS                                     | 7064 OX BOW ROAD<br>TALLAHASSEE FL  |  |  | 2.4 CITY-ST-ZIP       |        |                         |   |   |                 | · ·                         |
| CITY-ST-ZIP  | D DELETE  |  |  | 3.1 TITLE             |        |                         |   |   | Change          | Addition                    |
| NAME   | _   |  |  | 3.2 NAME              |        |                         |   |   |                 |                             |
| STREET ADDRESS                                     | 10 OAKVILLE RD  |  |  | 3.3 STREET ADDRESS    |        |                         |   |   |                 |                             |
| CITY-ST-ZIP  | HAMPTON VA  |  | 3.4. CI                                    | TY-S                  | T-ZIP  |                         |   |   | _               |                             |
| TITLE  |   | ☐ DELETE   | 4.1 717                                    | ľE                    |        |                         |   |   | ☐ Change        | Addition (                  |
| NAME   |   |  | 4. 2 NA                                    | ME                    |        |                         |   |   |                 | 1                           |
| STREET ADDRESS                                     | ·   |  | 4.3 ST                                     | REET                  | ADDRE: | s                       |   |   |                 |                             |
| CITY-ST-ZIP  | <u> </u>  |  | 4.4 CIT                                    | Y-\$1                 | T-ZIP  | $\perp$                 |   |   |                 |                             |
| TITLE  |   | ☐ DELETE   | 5.1 TIT                                    |                       |        |                         |   |   | ☐ Change        | ☐ Addition                  |
| NAME   |   |  | 5.2 NA                                     |                       |        |                         |   |   |                 |                             |
| STREET ADORESS                                     |   |  |  |                       | ADDRE  | S                       |   |   |                 |                             |
| CITY-ST-ZIP  |   | · · · · · · · · · · · · · · · · · · ·  | 5.4 CIT                                    |                       | T-2)P  |                         | <u> </u>  |   |                 |                             |
| TITLE  |   | ☐ DELETE   | 6.1 TIT                                    |                       |        |                         |   |   | ☐ Change        | ☐ Addition                  |
| NAME   |   |  | 6.2 NA                                     |                       |        |                         |   |   |                 |                             |
|  |   |  | 6.3 ST                                     | KEET                  | ADDRES | S                       |   |   |                 |                             |

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, pr on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

850-575-0168 PRESIDENT 4/29/99