FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
APPROVED
FILED
FILED
95 MAY 1 - 1 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K12251** **(0)**

1. Corporation Name
BRANDON BUICK, INC.

Principal Place of Business	Mailing Address
101 AUTO ROW P.O. BOX 850 BRANDON FL 33509	101 AUTO ROW P.O. BOX 850 BRANDON FL 33509

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/15/1988**
3a. Date of Last Report: **10/18/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
County
30

4. FEI Number: **59-2864738** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BLEIWEISS, JEFFREY L.
101 AUTO ROW
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	SLIVKA, RONALD L.	12 NAME		
STREET ADDRESS	6086 ROLLING GREEN DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	GRAND BLANC MI	14 CITY ST ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	BENDEN, JOSEPH R.	22 NAME		
STREET ADDRESS	433 MEADOW LANE	23 STREET ADDRESS		
CITY-ST-ZIP	WOOSTER OH	24 CITY ST ZIP		
TITLE	~~VD~~	31 TITLE		☒ Change ☐ Addition
NAME	~~BAKER, GARY E.~~	32 NAME		
STREET ADDRESS	~~4175 ISLANDVIEW DRIVE~~	33 STREET ADDRESS		
CITY-ST-ZIP	~~LINDEN MI~~	34 CITY ST ZIP		
TITLE	STD	41 TITLE		☐ Change ☐ Addition
NAME	WEINMAN, ROBERT H.	42 NAME		
STREET ADDRESS	327 RUST PARK DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	GRAND BLANC MI	44 CITY ST ZIP		
TITLE	AST	51 TITLE		☐ Change ☐ Addition
NAME	BLEIWEISS, JEFFREY L.	52 NAME		
STREET ADDRESS	1203 MOONDALE COURT	53 STREET ADDRESS		
CITY ST ZIP	VALRICO FL	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ JEFFREY L. BLEIWEISS 5/1/95 813 620-1000
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0961780 CP