

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

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Feb 08, 1999 8:00am  
Secretary of State

02-08-1999 90062 048 \*\*\*\*\*158.75



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION  
ANNUAL REPORT  
1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K57591

1. Corporation Name  
STADIUM TOYOTA, INC.

Principal Place of Business  
5088 N DALE MABRY  
TAMPA FL 33614

Mailing Address  
5088 N DALE MABRY  
TAMPA FL 33614

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

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

3. Date Incorporated or Qualified  
01/11/1989

4. FEI Number  
59-2927112

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

9. Name and Address of Current Registered Agent  
PARKS, RONALD R  
5088 N DALE MABRY  
TAMPA FL 33614

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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  
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 | NAME             | STREET ADDRESS    | CITY-ST-ZIP | DELETE                   |
|-------|------------------|-------------------|-------------|--------------------------|
| DP    | PARKS, JACK W.   | 5088 N DALE MABRY | TAMPA FL    | <input type="checkbox"/> |
| DVST  | PARKS, RONALD R. | 5088 N DALE MABRY | TAMPA FL    | <input type="checkbox"/> |
| DV    | COUEY, STEVEN W. | 5088 N DALE MABRY | TAMPA FL    | <input type="checkbox"/> |
|       |                  |                   |             | <input type="checkbox"/> |
|       |                  |                   |             | <input type="checkbox"/> |
|       |                  |                   |             | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE                   | Change                   | Addition                 |
|-------|------|----------------|-------------|--------------------------|--------------------------|--------------------------|
| 1.1   | 1.2  | 1.3            | 1.4         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1   | 2.2  | 2.3            | 2.4         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1   | 3.2  | 3.3            | 3.4         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1   | 4.2  | 4.3            | 4.4         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1   | 5.2  | 5.3            | 5.4         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1   | 6.2  | 6.3            | 6.4         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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: *[Signature]* DATE: 1/12/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 813-886-9222

CR2E034 (1/98)