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Apr 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K78404

(6)

1. Corporation Name

TRI-CITY'S AUTOMOTIVE, INC.

Principal Place of Business

851 W ALFRED ST
TAVARES FL 32778

Mailing Address

851 W ALFRED ST
TAVARES FL 32778-9149

3. Date Incorporated or Qualified

04/06/1989

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2941607

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

MAXWELL, RICHARD D.
851 W ALFRED ST
TAVARES FL 32778

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

[Signature]
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
DP	MAXWELL, RICHARD D.	737 E ROSEWOOD LANE	TAVARES FL	<input type="checkbox"/>
DS	MAXWELL, LINDA E.	737 E ROSEWOOD LANE	TAVARES FL	<input type="checkbox"/>
DT	BERNIER, VELVET M	1309 GREENWAY AVENUE	TAVARES FL	<input type="checkbox"/>
DV	MAXWELL, DAVID A	17040 SE 252 AVENUE	MATILLA FL	<input type="checkbox"/>
DV	MAXWELL, RICHARD D. JR	401 NE 28 DRIVE	WILTON MANORS FL	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
DV	KENNETH G. LITTLE	36718 SPARROW LN.	GRAND ISLAND, FL 32735	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DV	RAYMOND J. LIND	807 McLAIR CT.	TAVARES, FL 32778	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DV	ROBERT J. LIND	320 E. 11th AVE	MT. DORA, FL 32757	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/97

Date

352-343-2181

Daytime Phone #

CR2E034 (9/96)