

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Aug 05 1996 8:00 am
Secretary of State

DOCUMENT # K99528 (7)

1. Corporation Name

BOOMER AUTOMOTIVE GROUP, INC.

Principal Place of Business

Mailing Address

4205 S. ORLANDO DRIVE
SANFORD FL 32773

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SANFORD FL 32773



3. Date Incorporated or Qualified

07/03/1989

3a. Date of Last Report

03/31/1995

4. FEI Number

59-2957440

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOOMER, GEORGE B.
8379 RAMBLING RIVER DR.
SANFORD FL 32771

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 typed or printed in line of registered agent and title if applicable

(NOTE: Registered Agent signature required when term change)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME BOOMER, GEORGE B.
STREET ADDRESS 8379 RAMBLING RIVER DR.
CITY-ST-ZIP SANFORD FL

TITLE D
NAME BOOMER JR., GEORGE B.
STREET ADDRESS 254 PALM PARK CIRCLE #100
CITY-ST-ZIP LONGWOOD FL

TITLE S
NAME BOOMER, TRACEY L.
STREET ADDRESS 4351 ROCKY RIDGE PLACE
CITY-ST-ZIP SANFORD FL

TITLE T
NAME BOOMER, TONYA L.
STREET ADDRESS 8379 RAMBLING RIVER DR.
CITY-ST-ZIP SANFORD FL

TITLE V
NAME SNOWDEN, WILLIAM C.
STREET ADDRESS 341 RED WING WAY
CITY-ST-ZIP CASSELBERRY FL

TITLE D
NAME BOOMER, TORREY L.
STREET ADDRESS 848 GARDEN GLEN LOOP
CITY-ST-ZIP LAKE MARY FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

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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)(k) 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-96

407-328-0070

Tracey L. Boomer

CR2E034 (3/96)