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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # L02145

(5)

NATIONAL CHEVY/GMC TRUCK ASSOCIATION, INC. Mailing Address Principal Place of Business % DANNY B. HOWELL % DANNY B. HOWELL 2166 S. ORANGE BLOSSOM TRAIL 2166 S. ORANGE BLOSSOM TRAIL APOPKA FL 32703-7759 APOPKA FL 32703 3. Date Incorporated or Qualified 3a. Date of Last Report 06/29/1989 06/11/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2957117 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Żip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes 24 25 30 Florida Statutes □ No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HOWELL, DANNY B 2166 S. ORANGE BLOSSOM TRAIL 82 Street Address (P.O. Box Number is Not Acceptable) APOPKA FL 32703 83 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 farmular with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typicd or printed name of registered agent and bug if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition TITLE HOWELL, DANNY B. NAME 1.2 NAME 2166 S ORANGE BLOSSOM TR 1.3 STREET ADDRESS STREET ADDRESS APOPKA FL City - S1 - Zié 1.4 CITY - ST-ZIP DELETE THTLE 2.1 TITLE Change Addition 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY- \$3-2H 2. 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-\$1-719 3.4. CITY - ST-ZIP DELETE TiT: F 417018 ☐ Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change ☐ Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change TITLE 6.1 THLE Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-2IP CITY-ST-Z-P 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 reference movement to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or Block

FILED

Feb 11 1997 8:00am

Secretary of State