FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L56471** **(0)**

1. Corporation Name

ATLANTIC CHRYSLER-PLYMOUTH, INC.

Principal Place of Business	Mailing Address
2330 U.S. 1 SOUTH P.O. BOX 1926 ST. AUGUSTINE FL 32086	2330 U.S. 1 SOUTH P.O. BOX 1926 ST. AUGUSTINE FL 32086

3. Date Incorporated or Qualified: 03/07/1990
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 2340 US 1 South	26 P.O. Box 1659
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 St Augustine, Florida	City & State 28 St Augustine, Florida
Zip 24 32086 / Country 25 St Johns	Zip 29 32085 / Country 30 St Johns

4. FEI Number: 59-2998311 ☐ 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

LOWE, PHILIP W
2330 U.S. 1 SOUTH
ST. AUGUSTINE FL 32086

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	LOWE, PHILIP W.		1.2 NAME
STREET ADDRESS	212 RAINTREE TRAIL		1.3 STREET ADDRESS
CITY-ST-ZIP	ST. AUGUSTINE FL		1.4 CITY-ST-ZIP
TITLE	STD	☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	LOWE, PATRICIA A.		2.2 NAME
STREET ADDRESS	855 CHERRY TREE ROAD		2.3 STREET ADDRESS
CITY-ST-ZIP	ST. AUGUSTINE FL		2.4 CITY-ST-ZIP
TITLE	DI	☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	PEARSON, DONALD J		3.2 NAME
STREET ADDRESS	13 CLASSIC COURT		3.3 STREET ADDRESS
CITY-ST-ZIP	PALM COAST FL 32037		3.4 CITY-ST-ZIP
TITLE	DI	☒ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME	PEARSON, DONALD J		4.2 NAME
STREET ADDRESS	13 CLASSIC COURT		4.3 STREET ADDRESS
CITY-ST-ZIP	PALM COAST FL 32037		4.4 CITY-ST-ZIP
TITLE		☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

CR2E034 (12/95)

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: Philip W Lowe — 2/23/96 — 904-797-1737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #