FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 19 PM 5:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L75442** **(8)**

1. Corporation Name

BARTOW CHEVROLET COMPANY, INC.

Principal Place of Business	Mailing Address
C/O ERNEST M. SMITH 1190 SOUTH ORANGE AVENUE BARTOW FL 33830-6519	C/O ERNEST M. SMITH 1190 SOUTH ORANGE AVENUE BARTOW FL 33830-6519

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/23/1990

3a. Date of Last Report: 04/18/1994

2. Principal Place of Business	2a. Mailing Address
21 1475 W. Main Street	26 P.O. Box 628
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: BARTOW FL	28 City & State: BARTOW, FL
24 Zip: 33830 25 County: Polk	29 Zip: 33831 30 County: Polk

4. FEI Number: 59-3009037 ☐ 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	10. Name and Address of New Registered Agent
SMITH, ERNEST M. 1190 SOUTH ORANGE AVENUE BARTOW FL 33830	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	Secretary / Treasurer	☐ Change ☒ Addition
NAME	SMITH, ERNEST M.	1.2 NAME	Janet S. Wickman	
STREET ADDRESS	1190 S. ORANGE AVENUE	1.3 STREET ADDRESS	6028 Sourwood Way	
CITY-ST-ZIP	BARTOW FL	1.4 CITY-ST-ZIP	BARTOW, FL 33830	
TITLE	DP	2.1 TITLE		☐ Change ☐ Addition
NAME	WICKMAN, ROBIN L.	2.2 NAME		
STREET ADDRESS	6028 SOURWOOD WAY	2.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 above, or on an attachment with an address.

SIGNATURE: Robin J Wickman, President 3-31-95 813-533-0777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010453 CP