## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT # L

L75442

(8)

Principal Place C/O ERNEST	OW CHEVROLET COMPAN  e of Business T M. SMITH I ORANGE AVENUE	Mailing Address C/O ERNEST M. SMITI 1190 SOUTH ORANGE BARTOW FL 33830-651	AVENUE		
				3. Date Incorporated or Qualified 05/23/1990	3a. Date of Last Report 04/19/1995
2. Principal Pl.	ace of Business	2a. Mailing Address 26		4. FEI Number 59-3009037	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	Э	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Ζ(p <b>24</b>	Country	Zip	Country	B. This corporation has liability for i	ntangible tax under s 199.032,
24	9. Name and Address of Curre	29 29 Agent	30	Florida Statutes Yes  10. Name and Address of New R	
			81 Name 7		
	ERNEST M.		B2 Street Addre	Robin L. Wicka	ian
1190 SOUTH ORANGE AVENUE BARTOW FL 33830			52 Street Addre	Sourwood	l Way
DAKIUN	V FL 33830		83		
			84 City 1)	0.05.01	85 Zip Code
11 Dureupol t	o the provinces of Continue 607 050	0 1 007 4500 51		4RTOW	<b>►</b>
			s, the above named corpora ed by the corporation's board	ition submits this statement for the purp d of directors. Thereby accept the appo	cose of changing its registered office pintment as registered agent. Lam.
SIGNATURE _	th, and accept the obligations of, Sec but J. W.  Sign atme, typed or proted name of registered ager	ikuw Robin	L. Wickman		3-31-96
12.	OFFICERS AN	ND DIRECTORS	E. Registered Agent a gnature required 13.	when remistating) ADDITIONS/CHANGES TO OFFI	CATE
TITLE	81	☐ DELETE	1. 1 TOTLE	ADDITIONS/OF PANGES TO OFFE	Change Addition
NAME	WICKMAN, JANET S.		1.2 NAME		
STREET ADDRESS	6028 SOURWOOD WAY BARTOW FL		1.3 STREET ADDRESS		
CITY-ST-7IP	DP		1.4 CITY - ST - ZIP		
TITLE NAME	WICKMAN, ROBIN L.	☐ DELETE	2 1 TITLE		Change Addition
STREET ADDRESS	6028 SOURWOOD WAY		22 NAME		
CITY - ST-7IP	BARTOW FL		23 STREET ADDRESS		
TITLE		DELETE	2.4 CiTY - ST - ZIP 3. 1 TiTLE		Change Addition
NAME		_	3.2 NAME		T. Ournigo T. Modulou
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY - \$1 - 2iP		
TITLE		☐ DELETE	4 1 TITLE		Change Addition
NAME CIRCLI ADDOCCC			4 2 NAME		
CITY - S1 - ZIP			4.3 STREET ADDRESS		
TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5 1 TITLE		Change Addition
NAMi			5.2 NAME		Change Addition
STREET ADDRESS			5 3 STREET ADDRESS		
CHY-SI-ZIF			5.4 CITY-ST-ZIP		
TITLE		☐ DEFEIE	6 1 TITLE		☐ Change ☐ Addition
NAME CTUTE LADDDESC			6 2 NAME		
STREET ADDRESS CITY+ST-ZIP			6 3 STREET ADDRESS		
14. I do hereby	certify that the information supplied	with this filing is voluntarily furnis	■ 64 C(1Y-ST-Z(P) hed and does not qualify for	the exemption stated in Section 119.0	7/3//k) Florida Statutae 1 further
oath; thai I		pration or the receiver or trustee	al report is true and accurate empowered to execute this i	and that my signature shall have the s	ame legal effect as if made under
SIGNATI	90.1.71	Vickina R.	L. Wickman	Presidut 3-31-96	941-533-0777
SIGHT!	SIGNATURE AND TYPED OF	R PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	Date	Daytane Phone #