FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

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CITY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L84415

BIG OAKS BUICK PONTIAC GMC TRUCK, INC.

Country

9. Name and Address of Current Registered Agent

26

FRUITLAND PARK FL 34731

PHILLIPS, LARRY M. 3320 HWY 27/441

Mailing Address Principal Place of Business 255 W VAN FLEET DR 3320 HWY 27/441 BARTOW FL 33830 FRUITLAND PARK FL 34731 2. Principal Place of Business 2a. Mailing Address 26 Suite, Apt. #, etc. Suite, Apt #, etc. 22 City & State City & State

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FILED Mar 19 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/21/1990 Applied For 4. FEI Number 59-3014906 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Yes Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

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 Statu of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TITLE GIOVANETTI, JOHN 1.2 NAME NAME 5132 WATER WOOD DRIVE STREET ADDRESS 1.3 STREET ADDRESS BARTOW FL 33830 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ■ Addition TITLE 21 TITLE PHILLIPS, LARRY M. NAME 2.2 NAME 3320 HWY 27/441 STREET ADORESS 2 3 STREET ADDRESS FRUITLAND PARK FL 34731 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE ☐ Change Addition 5 1 TITLE NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY+ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6 2 NAME STREET ADDRESS 6 3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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 suppliemental arrival 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 comprehence of th

Country

R1 Name

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