FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (5) PANTHER MOTORS INC. Mailing Address Principal Place of Business 15248 U.S. 41 S. 15248 U.S. 41 S. FT MYERS FL 33908 FT MYERS FL 33908 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/27/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0271981 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution Zip Country 8. This corporation owes or has paid the current year Intangible Yes 29 30 Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FRANCELL, GARY 15248 US HWY 41 S Street Address (P.O. Box Number is Not Acceptable) SUITE G FT MYFRS FL 33908

Apr 30 1998 8:00am Secretary of State



Applied For

☐ No

Not Applicable

TT MILITOTE GOOD				1					
			64	City		FL	85 Z	ір Сос	de
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 Signature. Specified specified specified applicable. (NOTE Registered Agent signature required when reinstalling). DATE.									
12.	OFFICERS AND DIRECTO	HS	13.		ADDITIONS/CHANGES	TO OFFICERS AND	DIRECT	ORS I	N 12
TITLE	PTD	☐ DELETE	1 1 TITLE				Chang	ye [Addition
NAME	FRANCELL, GARY		1.2 NAME						-
STREET ADDRESS	15248 US HWY 41 S #G		1.3 STREET	ADORESS					
CITY-ST-ZIP	FT MYERS FL		1.4 CITY - 3	šT - ZIP					
TITLE		☐ DELE1E	2.1 TITLE				☐ Chang	pe [Addition
NAME			2 2 NAME						
STREET ADDRESS			2 3 STREE	ADDRESS					
CITY - ST - ZIP			2.4 CITY-	ST-ZIP					
TITLE		DELETE	3.1 TITLE				Chang	je L	Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	ADDRESS					
CITY-ST ZIP			3.4. CITY-	ST-ZIP					
TETLE		DELETE	4 1 TITLE				🔲 Chang	ge [Addition
NAME			4 2 NAME						
STREET ADDRESS			4 3 STREET	ADDRESS					
CITY-SF-ZIP			4.4 CITY-	st-zip					
TITLE		☐ DELETE	5 1 TITLE				Chang	ge [Addition
NAME			52 NAME						
STREET ADDRESS			5 3 STREE	T AODRESS					'
CITY-ST-ZIP			5.4 CITY-	31 - 21P					
TITLE		☐ DELETE	61 TITLE				Chang	ge L	Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	T ADDRESS					
CITY - ST - ZIP			6.4 CITY -						
14. Thereby 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 of the receiver of kustige empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in									

GARY FRANCELL