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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M14570 (9)

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DO NOT WRITE IN THIS SPACE

1. Corporation Name
FLAGLER CHRYSLER-PLYMOUTH-DODGE, INC.

Mailing Address
STATE RD. 100
~~PO BOX 98~~
BUNNELL FL 32110
US

Principal Place of Business
STAR RT. 1
SR 100
BUNNELL FL 32010
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address
21 P.O. Box 352048

Suite, Apt. #, etc.
22

City & State
23 Palm Coast, FL

Zip 24 32135 Country 25

2a. Principal Place of Business
26

Suite, Apt. #, etc.
27

City & State
28

Zip 29 Country 30

3. Date Incorporated or Qualified: 04/26/1985
3a. Date of Last Report: 05/01/1993

4. FEI Number: 59-2527812
Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired $8.75 ☐

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. Nonprofit Exempt from $139.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CHIUMENTO, MICHAEL D., ESQ.
4 OLD KINGS ROAD, N.
326 MOODY BLVD., BOX 99
PALM COAST FL 32037

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P	1.1 TITLE	President
1.2 NAME	MILLER, GARY L.	1.2 NAME	Nick Salvatore
1.3 STREET ADDRESS	2120 S.SHORE DRIVE	1.3 STREET ADDRESS	2802 Post Avenue
1.4 CITY-ST-ZIP	ERIE PA	1.4 CITY-ST-ZIP	Erie, PA 16508
2.1 TITLE	S	2.1 TITLE	Secretary
2.2 NAME	BELCHER, PHYLLIS J.	2.2 NAME	Gary Miller
2.3 STREET ADDRESS	1520 PINEGROVE WAY	2.3 STREET ADDRESS	2120 S. Shore Drive
2.4 CITY-ST-ZIP	ERIE PA	2.4 CITY-ST-ZIP	Erie, PA 16505
3.1 TITLE	T	3.1 TITLE	Treasurer
3.2 NAME	KLEIN, GERALD W.	3.2 NAME	Gary Miller
3.3 STREET ADDRESS	1022 LONG POINT DR.	3.3 STREET ADDRESS	2120 S. Shore Drive
3.4 CITY-ST-ZIP	ERIE PA	3.4 CITY-ST-ZIP	Erie, PA 16505
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

RC

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)(k), Florida Statutes. I rel Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further 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 c that I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver or tr empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attach with an address.

SIGNATURE: X [signature] S-T X 3-28-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #