M14570

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1995 Annual Report

filed 4-14-95

2 pgs.

NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 APR 14 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT #
M14570 (9)

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

200001459022
-04/18/95--01066--012
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

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

2. Mailing Address	2a. Principal Place of Business
21 P.O. Box 352048	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Palm Coast, FL	City & State 28
Zip 24 32135 / Country 25	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: [redacted]
6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees
7. Nonprofit Exempt from $138.75 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 90
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 617.0505, 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	
11 TITLE	P	11 TITLE	President
12 NAME	MILLER, GARY L.	12 NAME	Nick Salvatore
13 STREET ADDRESS	2120 S.SHORE DRIVE	13 STREET ADDRESS	2802 Post Avenue
14 CITY-ST-ZIP	ERIE PA	14 CITY-ST-ZIP	Erie, PA 16508
21 TITLE	S	21 TITLE	Secretary
22 NAME	BELCHER, PHYLLIS J.	22 NAME	Gary Miller
23 STREET ADDRESS	1520 PINEGROVE WAY	23 STREET ADDRESS	2120 S. Shore Drive
24 CITY-ST-ZIP	ERIE PA	24 CITY-ST-ZIP	Erie, PA 16505
31 TITLE	T	31 TITLE	Treasurer
32 NAME	KLEIN, GERALD W.	32 NAME	Gary Miller
33 STREET ADDRESS	1022 LONG POINT DR.	33 STREET ADDRESS	2120 S. Shore Drive
34 CITY-ST-ZIP	ERIE PA	34 CITY-ST-ZIP	Erie, PA 16505
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 [illegible]; that I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, and that I am an officer or director of the corporation 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 attachment with an address.

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