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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

401

| TERRACE AUTO SUPERCENTER, INC.  Principal Place of Business  Mailing Address  3825 HENDERSON BLVD  3825 HENDERSON BLVD |  |                            |               |               |          |  |  |                                      |                      |                                 |  |
|--|--|----------------------------|---------------|---------------|----------|--|--|--------------------------------------|----------------------|---------------------------------|--|
| #300   |  | 3825 HENDERSON BLV<br>#300 |               |               |          |  |  |                                      |                      |                                 |  |
| TAMPA FL 336   | 329  | TAMPA FL 33629-5021        |               |               |          |  |  |                                      |                      |                                 |  |
| US   |  | US                         |               |               |          |  | 3. Date Incorporated or Qualified 01/11/1988   | d 3a. Date of Last Report 04/19/1996 |                      |                                 |  |
| ···  | Place of Business  | 2a. Mailing Address        |               |               |          |  | 4. FEI Number  |                                      | <del></del>          | Applied For                     |  |
| Suite. Apt   | # ote  | Suite, Apt. #, etc.        |               | <del> </del>  |          |  | 59-2900196   |                                      | <del> </del>         | Not Applicable                  |  |
| 22   | n Bix.   | 27                         |               |               |          |  | 5. Certificate of Status Desired   |                                      |                      | Additional<br>Required          |  |
| City & Sta   | te   | City & State               |               |               |          |  | Election Campaign Financing     Trust Fund Contribution  |                                      |                      | O May Be<br>d to Fees           |  |
| Zip<br><b>24</b>   | Country 25   | 2)p                        | Country<br>30 |               |          |  | This corporation has liability for intangible tax under s. 199.032,     Florida Statutes                 |                                      |                      |                                 |  |
|  | 9. Name and Address of Cur   | rent Registered Agent      | ····          |               |          |  | 10. Name and Address of New Re   | gistered /                           | <b>Agent</b>         |                                 |  |
| STE  | Wart, Ranald Jr.   |                            |               | 81            | Nan      | ne   |  |                                      |                      |                                 |  |
| 3825 HENDERSON   |  |                            |               | 82 Street Add |          |  | ess (P.O. Box Number is Not Accepta  | ble)                                 |                      |                                 |  |
| STE 500  |  |                            |               | 20            |          |  |  | <del></del>                          |                      |                                 |  |
| TAN  | 1PA FL 33629   |                            |               | 83            |          |  |  |                                      |                      |                                 |  |
|  |  |                            |               | 84            | City     |  |  | FL                                   | <b>85</b> Zi         | p Code                          |  |
| 11. Pursuant<br>office or<br>agent. La<br>SIGNATURE  | to the provisions of Sections 607.0 registered agent, or both, in the Stam familiar with, and accept the ob- |                            |               |               |          |  | oration submits this statement for the<br>on's board of directors. I hereby acce<br>ad when reinstating) | purpose of<br>pt the app             | changing<br>ointment | its registered<br>as registered |  |
| 12.  |  | AND DIRECTORS              | 13            |               |          | <del></del>                                      | ADDITIONS/CHANGES TO OFFI  |                                      | DIRECTO              | ORS IN 12                       |  |
| TITLE  | PD   | DELETE                     | 1.1           | TITLE         |          |  |  |                                      | Change               | Addition                        |  |
| NAME   | STEWART, RANALD JR   |                            | 1.2           | NAME          |          |  |  |                                      |                      |                                 |  |
| STREET ADDRESS   | 5101 W KENNEDY   |                            | 1.3           | STREET        | T ADDRES | ន  |  |                                      |                      |                                 |  |
| CITY-ST-ZIF  | TAMPA FL   |                            | 1.4           | CITY-5        | ST - ZIP |  |  |                                      |                      |                                 |  |
| THILE  | SD   | ☐ DELETE                   | 2.1           | TITLE         |          |  |  |                                      | Change               | e 🔲 Addition                    |  |
| NAME   | FREEMAN, DAVID H.  |                            | 2.2           | NAME          |          |  |  |                                      |                      |                                 |  |
| STREET ADDRESS   | 13318 GOLF CREST CIRC  |                            | 2.3           | STREET        | T ADDRES | s  |  |                                      |                      |                                 |  |
| CITY - ST - ZIP  | TAMPA FL   | Drutt                      |               |               | ST-ZIP   |  |  |                                      | <b>1</b> 1 01        |                                 |  |
| TITLE<br>NAME  |  | L] DELETE                  |               | TITLE         |          |  |  |                                      | Change               | Addition                        |  |
| STREET ADDRESS   |  |                            |               | NAME          | T ADADS  | .  |  |                                      |                      |                                 |  |
| CITY - ST - ZIP  |  |                            |               |               | T ADORES | »  |  |                                      |                      |                                 |  |
| TITLE  |  | ☐ DELETE                   |               | TITLE         | ST - ZIP | <del> </del>                                     |  |                                      | Change               | e Addition                      |  |
| NAME   |  |                            |               | NAME          |          |  |  |                                      | arma orangi          | - III rounds                    |  |
| STREET ADDRESS   |  |                            |               |               | T ADDRES | s l  |  |                                      |                      |                                 |  |
| CHTY-ST-ZIP  |  |                            |               | CITY-9        |          | -  |  |                                      |                      |                                 |  |
| 1-TLF  | <b>†</b>   | DELETE                     |               | TITLE         |          | <del>                                     </del> |  |                                      | Change               | Addition                        |  |

14. I do 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 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURÉ:

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CHY ST ZIP

CITY-ST-ZP HILE

DELETE

Change

Addition

**FILED** 

Feb 10 1997 8:00am

Secretary of State